



ADOPTION ASSISTANCE PLAN FORM

Name of Faculty or Staff (Please Print) _____

Social Security Number _____

Address

Street _____ State _____ Zip Code _____

I wish to apply for reimbursement of the following adoption expenses.

(Child's Name) _____ was placed in my home on _____ (month/day/year)

The expected legal final adoption date is/will be _____ (month/day/year)

Eligible Expenses - Eligible and non-eligible expenses are listed on the reverse side.

Date	Amount	Explanation
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Acceptable documentation of the adoption and for the above items above must be attached to this form. All expenses reimbursed under the Adoption Assistance Plan are subject to tax withholding and are reported as earnings on the faculty or staff member's W-2 statement.

Faculty or Staff Signature _____

Date _____

Submit this form to: Johns Hopkins University, Benefits Service Center, Johns Hopkins at Eastern, 1101 East 33rd St Suite D-100 Baltimore, MD 21218

Amount approved \$ _____

Approval _____

Date _____

Johns Hopkins University
ADOPTION ASSISTANCE PLAN

1. Eligibility

Full-time faculty and staff with at least two consecutive years of full-time JHU service immediately prior to adoption and employed through the date of adoption.

2. Benefit Amount

Documented expenses will be covered for a single child adoption to a maximum of \$2,500 per family for all combined expenses. For the simultaneous adoption of two children, the maximum reimbursement will be \$5,000 per family for all combined expenses.

3. Eligible expenses:

- a. Reasonable and customary public and private agency fees permitted or required under the law of the state having jurisdiction over the adoption
- b. Reasonable and customary legal and court fees
- c. Reasonable and customary fees for medical and hospital services provided to the child, the natural mother, and the adopting parents
- d. Transportation fees associated with the adoption
- e. Temporary foster care charges

4. Non-eligible expenses:

- a. Donations
- b. Costs associated with legal guardianship

5. Policies and Procedures

- a. Eligible children include any child under age 12 at the time the adoption process is initiated. Adoptions of stepchildren are not covered under the plan if natural, custodial parent is living.
- b. Request for reimbursement must be made within 60 days of the adoption.
- c. Reimbursement will be made following submission of a completed Adoption Assistance Plan form with appropriate documentation. Acceptable documentation of eligible expenses consists of itemized bills, either stamped paid or accompanied by receipts or canceled checks. Acceptable documentation of the adoption process may consist of governmental documents clearly demonstrating that the adoption has either been approved or denied or governmental documentation demonstrating you have legal custody of the child/children prior to the finalization of the adoption.
- d. Adoption expenses reimbursed by the university are considered taxable income and taxes will be withheld. The benefit paid will be reported on the W-2 as additional income.
- e. Reimbursement under this plan is limited to one adoption process during any two year period.
- f. Questions about the plan should be directed to Johns Hopkins University, Office of Benefits, Johns Hopkins at Eastern, 1101 East 33rd St Suite D-100 Baltimore, MD 21218
Phone 410-516-2000 Fax 443-997-5820