

PARENT CLAIM FOR REIMBURSEMENT OF NONRECURRING ADOPTION EXPENSES

Michigan Department of Human Services

(See Information/Directions on page 2)

IDENTIFYING INFORMATION (To be completed by adoption worker)			Child's Name Before Adoption (Last, First, Middle)	
			Child's Name After Adoption (Last, First, Middle)	Birthdate
		Social Security Number	SWSS Log Number	Case Number
Adoptive Parent's Name (Last, First, Middle)				Social Security Number
Adoptive Parent's Name (Last, First, Middle)				Social Security Number
Adoptive Parent(s) Address (Street Name & No., City, State, Zip Code)				Phone Number ()
Adoption Agency Name	Phone Number ()	Agency Address (Street Name & No., City, State, Zip Code)		
Worker Name (Print)		Worker Signature	Date	

ADOPTION INFORMATION (To be completed by adoption worker as applicable)

An Agreement for Nonrecurring Adoption Expenses (NRE) has been signed by the adoptive parent(s) and the Michigan Department of Human Services on the:

DHS-4113 Adoption Assistance Agreement, **or** the

DHS-4814 Nonrecurring Adoption Expenses Eligibility Certification Request/Agreement for a Child Without Support Subsidy.

This claim is being submitted within two years after the final Order of Adoption date or sooner.

The adoption is final. A copy of the Order of Adoption is attached (Required)

A copy of the Order Placing Child After Consent will be or has been forwarded with the Adoption Subsidy Case Opening Request (DHS-1344) for a child with support or medical subsidy.

For a NRE eligible child without support or medical subsidy, a copy of the placing order is attached. (Required)

PARENT INFORMATION (To be completed by adoptive parent(s))

I certify the expense(s) claimed below represent actual expenses for which I carry ultimate liability for payment.
I certify the expenses incurred are one-time expenses and cannot be reimbursed by any other source.
I understand I will receive reimbursement only after the adoption subsidy case is opened.

Adoptive Parent Signature (Required)	Date	Adoptive Parent Signature (Required)	Date
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EXPENSE(S) CLAIMED (To be completed by adoptive parent(s) and/or adoption worker)			TO BE COMPLETED BY SUBSIDY OFFICE
TYPE OF EXPENSE	ACTUAL EXPENSE	(x) RECEIPT(S)/OTHER ATTACHED (Required)	ELIGIBLE AMOUNT
Court Fees	\$ ()	()	\$
Birth Certificate (1 is reimbursable)	\$	N/A (State)	\$
Lodging	\$ ()	()	\$
Meals	\$	() Breakfast () Lunch () Dinner	\$
Medical (Adoption physicals)	\$ ()	()	\$
Psychological Evaluation	\$ ()	()	\$
Adoptive Family Assessment	\$ ()	()	\$
Attorney Fees	\$ ()	()	\$
Adoption Supervision	\$ ()	()	\$
Other _____	\$ ()	()	\$
SUBTOTALS	\$	N/A	\$
Travel	Total Mileage _____	() Mileage Log	
Mileage Approved by Subsidy Office _____ @ Current State Rate \$ _____ =			\$ _____
Date of Service	TOTAL ELIGIBLE REIMBURSEMENT AMOUNT		\$
Expense(s) Ineligible for Reimbursement:			
Ineligibility Based On:			
Adoption Subsidy Specialist Signature			Date

INFORMATION/DIRECTIONS

GENERAL INFORMATION

- The adoptive parent(s) uses this form to claim the nonrecurring adoption expenses incurred and to request reimbursement of the expenses.
- Nonrecurring adoption expenses are reasonable and necessary fees, court costs, attorney fees and other expenses directly related to the legal adoption of a child with special needs that cannot be reimbursed by any other source.
- The form must be submitted within two years after the final Order of Adoption date, or sooner, to receive reimbursement.

IDENTIFYING INFORMATION

- Adoption worker completes all information in this section.
- Adoption worker enters signature and date as verification of all information submitted on the form.

ADOPTION INFORMATION

- Adoption worker checks applicable boxes, and attaches required documentation.

PARENT VERIFICATION

- Adoptive parent(s) reviews and completes this section.
- Adoptive parent(s) enters signature and date verifying a review and understanding of the information and requirements provided on the form.

EXPENSES CLAIMED

- Adoptive parent(s) and/or adoption worker completes this section. Reference **Child and Family Services Manual CFS 310 – NRE Claim/Reimbursement Process** for details concerning reimbursable expenses and verification of expenses.
- Adoption worker/parent enters the dollar amount of each applicable expense, and enters a check indicating a receipt/other is attached.
- Adoption worker/parent enters total mileage, if applicable, and enters a check verifying a mileage log is attached. A mileage log must include travel dates, addresses traveled to and from, and purpose of travel. MapQuest information may also be submitted.

- Note:
- See CFS 310 for specific travel policies.
 - Meals may be reimbursed if associated with overnight lodging or extensive travel in one day.
 - Lodging may be reimbursed if the adoptive parent(s) traveled in excess of 50 miles of the family residence.
 - Payment for travel expenses will be based on applicable state rates for mileage, meals, and lodging, or the actual expense if lower than the state rates for meals and lodging.

ELIGIBLE AMOUNT – TO BE COMPLETED BY ADOPTION SUBSIDY OFFICE

- Adoption Subsidy Office completes this section.
- Enters eligible amount for each applicable expense to be reimbursed.
- Enters mileage approved, if applicable, current state rate, and eligible amount to be reimbursed.
- Enters date of service indicating the date all information was available for processing of the claim.
- Enters total reimbursement amount.
- Enters expenses ineligible for reimbursement and explanation for ineligibility.
- Enters signature and date verifying the reimbursement determination.

APPEALS

- The Family may appeal a decision regarding reimbursement if they believe the decision is contrary to law or DHS policy. The Family shall submit a hearing request in writing within 90 days of being informed of the decision regarding reimbursement. A hearing request should be sent to the Adoption Subsidy Office, Attention: Hearings Coordinator, 235 S. Grand Ave., Suite 412, P.O. Box 30037, Lansing, MI 48909.

THIS FORM IS TO BE SUBMITTED TO: Michigan Department of Human Services
Adoption Subsidy Office
235 S. Grand Ave, Suite 412
P.O. Box 30037
Lansing, MI 48909

<p>AUTHORITY: State P.A. 280 of 1939. COMPLETION: Required. PENALTY: No reimbursement.</p>	<p>Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.</p>
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