Department of Health & Human Services
DHHS
NEBRASKA

Division of Children and Family Services

REQUEST FOR REIMBURSEMENT NONRECURRING ADOPTION SUBSIDY

Child's Name Prior to Adoption	Child's Adoptive Name
Adoptive Parents	Social Security # of one of the Adoptive Parents
Address	Phone
Name of Agency which placed child, if applicable	Name of Worker who placed child, if applicable

☐ Child was determined eligible for nonrecurring subsidy by approval on Form PS-560, "Determination of Child's Eligibility for Subsidized Adoption Nonrecurring Expense Reimbursement." Date of Approval: _____

An Agreement for Nonrecurring Subsidy (Form PS-561) was signed by all parties prior to the date of adoption. ☐ Yes ☐ No

Date Agreement was signed: _____

Date of Adoption: _____ *Attach a copy of the Adoption Decree*

This form and copies of bills/receipts for reimbursement must be submitted within two years of finalization. *These copies cannot be returned*

Type of Subsidy *list only those bills not reimbursed by another source*	**Amount**	**HHS Use Only** *Documented Bills Received*
Attorney's Fees		
Court Costs		
Agency Fees:		
Home Study		
Post Placement Supervision		
Transportation:		
Explain why the transportation was necessary _____		
Food/Lodging:		
Explain why the food/lodging was necessary _____		
Physical Examination for Child		
Physical Examination for Adoptive Parents		
Psychological Examination for Child		
Psychological Examination for Adoptive Parents		
TOTAL - (Maximum Reimbursement $1,500.00) (Maximum $2,000.00 for GAP)		

_____ _____
Adoptive Parent Signature Date

_____ _____
Adoptive Parent Signature Date

☐ Approved If approved, amount to be paid $_____

☐ Denied If denied, reason: _____

_____ _____
DHHS Staff Authorized To Approve, Policy Section, Children and Family Services Date