

**BOSTON COLLEGE
ADOPTION ASSISTANCE CLAIM FORM**

EMPLOYEE INFORMATION

Name: _____ Eagle ID: ____ - ____
 Work Phone: _____ Home Phone: _____
 Spouse Name: _____ Spouse BC employee? Yes ___ No ___

ADOPTED CHILD INFORMATION

Name of Child: _____ Male ___ Female ___
 Date of Birth (MM/DD/YY): _____
 Adoption Finalization Date: _____ Date Placed in Home: _____

ELIGIBLE EXPENSES

| Date Incurred | Description of Expense Incurred | Amount |
|---------------|---------------------------------|--------|
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I hereby certify that I have paid for the above expenses r

Submit completed form to the Benefits Office, 129 Lake Street