

## Adoption Assistance Program Reimbursement Form

**Please refer to the PetSmart's Adoption Assistance Program policy for an explanation of eligibility and covered expenses. Documentation of expenses and a signed legal adoption certificate is required for reimbursement.**

Associate's Name: \_\_\_\_\_ Associate ID: \_\_\_\_\_

Store or DC # or PHO Department: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Current Position: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Date of adoption or placed for adoption by court: \_\_\_\_\_

### Covered Expenses:

- |   |                 |
|---|-----------------|
| <input type="checkbox"/> Public/private agency fees   | \$ _____        |
| <input type="checkbox"/> Court costs  | \$ _____        |
| <input type="checkbox"/> Legal fees associates with the adoption                              | \$ _____        |
| <input type="checkbox"/> Temporary foster care by an approved agency                          | \$ _____        |
| <input type="checkbox"/> Domestic transportation costs  | \$ _____        |
| <input type="checkbox"/> Counseling fees associates with the placement and initial adjustment | \$ _____        |
| <input type="checkbox"/> Medical costs that are not covered under the current medical plan    | \$ _____        |
| <b>TOTAL</b>  | <b>\$ _____</b> |

Associate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Immediate Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

### Benefits Department:

Approved       Not Approved      Reason: \_\_\_\_\_

Benefits Department Approval: \_\_\_\_\_ Date: \_\_\_\_\_