

**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

I hereby certify that I have paid for the above expenses r

Submit completed form to the Benefits Office, 129 Lake Street