

**STATE OF NORTH CAROLINA
AGREEMENT FOR REIMBURSEMENT OF
NON-RECURRING ADOPTION COSTS**

After receiving and approving the application for non-recurring costs, the following agreement has been entered into by the _____ County Department of Social Services, hereafter called the Agency, and _____ for the purpose of facilitating the legal adoption of _____
 Name of Adoptive Parent(s)
 _____ born on _____ and placed in the
 Name of Adoptive Child Date of Birth
 adoptive home on _____
 Date of Placement

AMOUNT OF REIMBURSEMENT APPROVED	
The amount of reimbursement has been determined through discussion and agreement between the Adoptive Parent(s) and the Agency. While not limited as to the number of items and services eligible for reimbursement, the total amount of reimbursement shall not exceed \$ 2,000.00 and shall be provided to adoptive parent(s) and/or other designated individual(s) indicated on the application.	
Expense	Amount
Attorney Fees	\$
Psychological Examination	\$
Lodging	\$
Amended Birth Certificate	\$
Medical Examination	\$
Adoption Agency Fees	\$
Court Fees	\$
Meals	\$
Mileage	\$
Other Adoption related expenses (<i>specify</i>)	\$
TOTAL REIMBURSEMENT	
Signature of Adoptive Parent 1	Date
Signature of Adoptive Parent 2	Date
Address of Adoptive Parent(s) (<i>number, street, city, state, zip code</i>)	
Signature of Agency Director or Representative	Date

Adoptive Parent(s) may qualify for the Adoption Tax Credit if eligible expenses were paid related to the adoption of youth in foster care. Adoptive Parent(s) may contact a tax preparer or the Internal Revenue Service (IRS) at 800-829-1040 or via website at <http://www.irs.gov/taxtopics/tc607.html>.