



Adoption Reimbursement Application

PLEASE COMPLETE ALL SECTIONS

Associate Name	Associate #	Store# / SSC	Department #
Original Hire Date		Position Title	

The Home Depot has established an Adoption Reimbursement Plan to assist associates when adopting a child. The Home Depot will reimburse you for the costs associated when legally adopting a child up to \$5,000 (before taxes) per adopted child for full-time hourly and salaried associates, and \$1,500 (before taxes) per adopted child for part-time associates. Please be aware that there are certain conditions that apply in order to be eligible for the reimbursement.

REQUIRED QUALIFICATIONS

1. Actively employed by The Home Depot on a full-time or part-time basis for at least one year at the time the adoption is finalized
2. Remain an active employee with The Home Depot for one year after the benefit is paid out
3. The child being adopted must be under 18 years of age
4. The adopted child may not be the child of the associate, their spouse, or domestic partner
5. If both parents are Home Depot associates, only one may apply for the reimbursement
6. Request for reimbursement must be made within 90 days after the adoption is finalized

ELIGIBLE EXPENSES

Examples of eligible expenses include

1. Licensed adoption agency fees (including fees for placement and parental counseling)
2. Legal costs, such as attorney fees and court costs
3. Charges for temporary foster care before placement
4. Travel expenses to gain physical custody of the adopted child

APPLY FOR ADOPTION REIMBURSEMENT

1. Complete the following sections of the Adoption Reimbursement Application
 - Eligible Expense Detail
 - Associate Certification
2. Return the completed application to your HR Representative including the following
 - Signed and completed Adoption Reimbursement Application
 - Copies of receipts for eligible expenses
 - Copy of adoption certificate or decree

ELIGIBLE EXPENSE DETAIL –

In the section below, please list out each eligible expense along with the dollar amount and date associated with each. Here are a few tips when filling this section out.

- Remember to include copies of the receipts for the items listed below
- Please refer to the front of this application for a listing of eligible expenses
- If there is more than one eligible expense, please add up the total requested reimbursement amount and fill in the designated section below
- Please include the date when the adoption was finalized

a) Eligible Expense Details _____

Eligible Expense Amount _____

Eligible Expense Date _____

b) Eligible Expense Details _____

Eligible Expense Amount _____

Eligible Expense Date _____

c) Eligible Expense Details _____

Eligible Expense Amount _____

Eligible Expense Date _____

d) Eligible Expense Details _____

Eligible Expense Amount _____

Eligible Expense Date _____

e) Eligible Expense Details _____

Eligible Expense Amount _____

Eligible Expense Date _____

Total Requested Reimbursement Amount: _____ **Adoption Date:** _____

ASSOCIATE CERTIFICATION

Please read the statement below, and if you accept the statement, sign and date where indicated.
I have read and understand the eligibility requirements for the adoption financial assistance program listed above. I certify that, to the best of my knowledge, my application for adoption reimbursement meets these qualifications. I further certify that the information provided in this adoption reimbursement application is true, accurate and complete.

Associate Signature

Date