**The information on this checklist is needed to receive reimbursement for Non-Recurring Adoption Expenses (NRAE) or Non-Recurring Expenses (NRE). Payment will be received by direct deposit. It is important that these forms are filled out completely and accurately; not doing so could prevent processing and a delay in the receipt of payment. Should you have any questions regarding the completion or submittal of these forms please contact the Central Eligibility Unit (CEU) toll free at 1-877-265-0086.**

**Please send the fully completed forms to CEU:**

* **By mail: 100 N. Senate Ave., IGCN Rm. N848, MS48, Indianapolis, IN 46204**
* **By fax: (317) 234-4547**

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| --- |
| Documentation for an NRAE or NRE Claim |
| [ ]  | **Claim Voucher:** * Complete all fields on the form including the telephone number, description, child(ren)’s names, and purpose of the fees
* Original signatures of the Local Office Director and vendor *(individual getting paid the expenses)*, preferable in blue ink
 |
| [ ]  | **State Vendor Forms:** *These forms are only required if the vendor has never been set up for direct deposit, or has not received payments from DCS within the last 2 years; Both forms must be submitted if you need set up for direct deposit.** **Automated Direct Deposit Authorization Agreement (SF 47551)**
	+ A non-altered voided check must be attached to the form, or the Financial Institution section completed by your bank.
	+ Must be signed and dated in Section 3
	+ An original signature is not necessary on the copy submitted to CEU
* **W-9: Request for Taxpayer Identification and Certification Number**
	+ Must be signed and dated in Part II: Certification on p.1
	+ An original signature is not necessary on the copy submitted to CEU
 |
| [ ]  | **Itemized Bill*** Original receipts for all claims by parents
* Child(ren)’s names
* Vendor name
* The total of the itemized bill must match the amount on the Claim Voucher
 |
| [ ]  | **Direct Vendor Authorization Form (SF 47701):** *This form is needed only if the parents are authorizing payment to a third party.* |
| [ ]  | **Adoption Assistance Agreement or Guardianship Assistance Agreement** * Every page of the agreement must be submitted
* A copy *(original is not needed)* of the agreement signed by:
	+ Parents or guardians
	+ Local Office Director or other DCS designee
* Date of the signatures must be no later than the date of the adoption or guardianship finalization
 |
| [ ]  | **Adoption Decree or Order Finalizing Guardianship** |