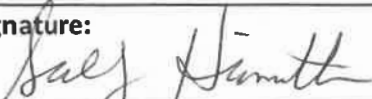


Chief Administrative Office POLICY MEMORANDUM	Date of Issue: August 31, 2022	Expiration Date: N/A	Policy No. 60
To: All departments and divisions	Subject: Adoption Assistance Benefit		
Signature: 			

PURPOSE

The purpose of this policy is to establish an adoption benefit for LFUCG employees and a standard set of guidelines for employees to utilize the benefit. The adoption benefit allows eligible employees to seek reimbursement of unreimbursed direct costs related to the adoption of an eligible child.

BACKGROUND

LFUCG recognizes adoption as an important means by which children find nurturing and secure homes. Adoptions benefit the child, the birth family, the adoptive family, and society as a whole. LFUCG desires to express its commitment to supporting the placement of children in adoptive homes by implementing a financial adoption assistance benefit for its employees and that offering this benefit also demonstrates a commitment to help employees who step up to provide loving homes for children who need them.

DEFINITIONS

Eligible employee means classified civil service employees and full-time unclassified civil service employees, officers and appointees who have been employed by LFUCG for twelve (12) continuous months and have worked a minimum of 1,250 hours during those twelve (12) months. Re-instated and rehired employees do not receive credit for previous employment. The twelve-month period shall be calculated inclusive of any approved leave afforded under the Family and Medical Leave Act (FMLA) and/or the Uniformed Services Employment and Reemployment Rights Act (USERRA) and/or other applicable law.

Eligible child means an individual who is under the age of eighteen (18). An eligible child does not include the child of an employee's spouse or qualified adult as defined by CAO Policy 46.

Eligible child with special needs means a child that requires special accommodations that other children do not.

ADOPTION BENEFIT

An eligible employee who finalizes a legal adoption procedure for the adoption of an eligible child may be eligible to receive a one-time reimbursement of direct costs associated with the adoption of the child.

1. The total reimbursement per adoption of an eligible child with special needs shall not exceed \$7,000.
2. The total reimbursement per adoption of every other eligible child shall not exceed \$5,000.

ADOPTION ASSISTANCE BENEFIT GUIDELINES

- A. The availability of the adoption benefit established is subject to sufficient funds being appropriated for this benefit. In the event funds are insufficient to reimburse direct costs associated with adoption to eligible employees in a given fiscal year, the LFUCG may, in its discretion, allocate additional funds for the adoption benefit.
- B. Direct costs related to the adoption of an eligible child that are eligible for reimbursement include:
 - Licensed adoption agency fees;
 - Legal fees;
 - Travel expenses;
 - Medical costs not paid by insurance, Medicaid, or other available resources;
 - Court costs; and
 - Other fees or costs associated with child adoption in accordance with state and federal law.
- C. Reimbursement of direct costs shall not be duplicated under this benefit, therefore, if a direct cost was reimbursed under a different benefit or program, it is not eligible for reimbursement under this benefit. An affidavit of expenses with supporting documentation related to the adoption and unreimbursed direct costs is required.
- D. An adoption assistance benefit [application](#) for reimbursement of direct costs shall be submitted within six (6) months following the finalization of an eligible adoption to the Director of Human Resources along with documentary evidence of:
 - Finalization of the adoption; and
 - A copy of an affidavit of expenses with supporting documentation related to the adoption and establishes whether the adopted child is a special needs child or not.
- E. If a co-adoptive parent is also an LFUCG employee, the application for reimbursement shall be made jointly and the amount of reimbursement of costs shall be limited to that specified in this policy for one (1) employee.
- F. Nothing in this policy is intended to conflict with nor shall it be construed to conflict with applicable federal or state laws related to employee benefits and/or adoption, including but not limited to:
 - Under Kentucky law, employees are entitled to an unpaid leave of absence of up to six (6) weeks to adopt a child under the age of ten (10), as provided by LFUCG Code of Ordinances, [Section 21-37\(f\)](#), subject to the exclusions specified therein.

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- LFUCG employees who adopt a child also have access to the same benefits that are offered to birth parents, including Family and Medical Leave.
- G. Provided that sufficient funding is available for this benefit, and upon approval of the application for reimbursement, the Division of Accounting shall dispense funds in the amount authorized by the Director of Human Resources.

LFUCG ADOPTION ASSISTANCE PROGRAM Affidavit in Support

Comes the Affiant, and being duly sworn, for their Affidavit in support of this Adoption Assistance Application, states as follows:

1. My name is _____ (employee's name), and I work for LFUCG. I have been employed by LFUCG for not less than twelve (12) continuous months and I have worked a minimum of 1,250 hours during those twelve (12) months.
2. I hereby submit this affidavit in support of my application for the adoption assistance benefit. I attest that my Adoption Reimbursement Application and every document that I submit to support it is a complete and accurate representation of the expenses that I incurred during the adoption process.
3. To support my application for reimbursement of direct costs related to adoption expenses, I hereby state that I have adopted a child under the age of eighteen (18) named _____ (child's name). I have attached to my adoption assistance application supporting documentation that the adoption has been finalized.
4. During the adoption process, I incurred the following costs related to adoption for which I am seeking reimbursement under the terms and conditions outlined in CAO Policy 60. I understand that any costs of adoption that have been otherwise reimbursed are **not** eligible for reimbursement under this program. I hereby affirmatively attest that I have not been otherwise reimbursed for the amounts stated herein. I have attached supporting documentation.

Unreimbursed Expense Type	Dollar Amount
Licensed adoption agency fees, legal fees and/or court costs	
Travel expenses and/or medical costs not paid by insurance, Medicaid, or other available resources	
Other fees or costs associated with child adoption in accordance with federal and state law	

5. To support my application for reimbursement of direct costs related to travel expenses associated with the adoption of my child, I hereby state that on _____ (dates), I traveled to _____ (locations) for the purposes of the adoption that is the subject of this reimbursement request.
6. I hereby state that this application for the adoption assistance benefit [] does [] does not (mark one) involve the adoption of a special needs child, which is defined as a child that requires special accommodations or additional assistance that other children do not. If I have indicated that this application involves a special needs adoption, I have attached documentation to support the special needs of the child.

Further, Affiant sayeth naught.

Name of Affiant (please print):

COMMONWEALTH OF KENTUCKY)
)
COUNTY OF FAYETTE)

Subscribed and sworn to before me by _____

(Affiant) on this the _____ day of _____, 2022.

My Commission Expires: _____

NOTARY PUBLIC