

Stanley Black & Decker Adoption Reimbursement / Foster Parent Allowance Form

For **Adoption Reimbursement**: Complete this form. Attach a certified copy (one with a raised seal) of the adoption decree and copies of all bills and receipts. For the **Foster Parent Allowance**: complete the employee information section, attach a copy of the foster parent agreement certifying that you are a licensed foster parent along with documentation of having a foster child in your home for 6 months, and sign at the bottom. Return the form and all attachments to the Corporate Benefits Department, Stanley Black and Decker, 700 Stanley Dr., New Britain, CT 06053. The reimbursement will be made after all items have been verified.

Please select one: _____ **Adoption** _____ **Foster Parent**

EMPLOYEE INFORMATION

Employees Name	
Employee SSN	
Employee Phone Number	

ADOPTION INFORMATION

Child's Name Before Adoption	
Child's Name After Adoption	
Date of Child's Birth:	
Adoption Agency or Agents Name:	
Agency's or Agent's Address	
Agency's or Agent's Phone Number	
Date Adoption Was Finalized:	

ADOPTION EXPENSES (Check which type of expenses are attached and be sure to attach copies of all bills and receipts.)

Lawyer fees	
Court fees	
Agency/agent fees	
Other (explain)	
Total	

Personal information you enter on this form will be used only to process your reimbursement for eligible adoption expenses or the foster parent allowance. When necessary, the information will be used to administer the business needs of the corporation and to comply with applicable federal and state reporting. Protection and dissemination of information will be in accordance with corporate policies.

I hereby certify that the information presented above is correct to the best of my knowledge. I understand that any attempt to falsify this information will be subject to legal action.

Employee's Signature

Date