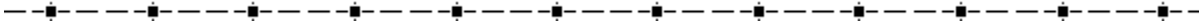


Children's Adoption Aid

PO Box 336, Montezuma, KS 67867 - mail@caa.faith - Tel 620-846-2286 - Fax 888-456-0671



Benefit Request Form (To be submitted after adoption is finalized)

Name of Parents: _____

CAA Membership Number: _____

Date of adoption: ____/____/____

Child's Name: _____

Child's Birth Date: ____/____/____

Itemized list of expenses

You may not have amounts for all these items, or you may have some that are not on the list.

Fill in what applies to your particular adoption. Current benefits are \$15,000 per adoption.

Adoption agency fees	_____	Postage	_____
Application fees	_____	Post placement visits	_____
Attorney fees	_____	Secretary of State fees	_____
Birth certificates	_____	Translating	_____
Birth mother medical care	_____	Visas	_____
Courier costs (Fed-Ex, etc.)	_____	Other (please list)	_____
Court costs	_____	_____	_____
Fax costs	_____	_____	_____
Finalization costs	_____	_____	_____
Finger prints	_____	_____	_____
Foster care	_____	_____	_____
Home study	_____	_____	_____
Immigration papers	_____	_____	_____
Medical exams	_____	_____	_____
Notary charges	_____	_____	_____
Passports	_____	Total	_____