

**DATE:**

**TO:** The Adjutant General of Kentucky  
(c/o Director, DMA Division of Administrative Services)

**FROM:**

**SUBJECT:** KYNG Adoption Benefit Program Reimbursement Request

Please be advised that in accordance with 106 KAR 2:031, I am submitting an application to the Kentucky Department of Military Affairs seeking reimbursement for expenses associated with the recent adoption of my child. The requested amount of reimbursement will be \$ \_\_\_\_\_.

\_\_\_\_\_  
Kentucky National Guard Member Rank/Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Unit of Assignment