CHILD CARE AND RESPITE PAID BY FOSTER PARENTS

Month/Year: _____ Foster Parent: _____

CHILD	DATE FROM	DATE TO	PROVIDER	AMOUNT PAID

By signing below I hereby certify that the above information is true and correct to the best of my knowledge. Any attempt to fraud the agency will be considered a violation of the foster parent rules.

_____ _____

Foster Parent(s) Signature Placement Caseworker Signature

RETURN TO PLACEMENT CASEWORKER

Original to: Foster Family File

Rev: 11-9-04