



# Foster Care Home Invoice

CHILD'S NAME \_\_\_\_\_  FOSTER HOME  RESPITE HOME

CHILD'S AGE \_\_\_\_\_ COUNTY DFCS \_\_\_\_\_

FOSTER PARENT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

EXPENDITURES	DESCRIPTION	AMOUNT DUE
Per Diem	From _____ To _____ <small>Date Date</small> For _____ Nights @ \$ _____ Per Night	
Clothing - \$ _____ / \$ _____ <small>Initial Allowance/Amount Spent to date</small>  \$ _____ / \$ _____ <small>Annual Allowance/Amount Spent to date</small>	<b>*Original receipts must be attached Receipts older than 3 months <u>WILL NOT</u> be reimbursed.</b>	
<b>Respite Care</b> Fill out only if your child was in respite care during the month. If child was in multiple respite placements please include each placement.	Respite Caregiver: _____  From _____ To _____ <small>Date Date</small> For _____ Nights  Respite Caregiver: _____  From _____ To _____ <small>Date Date</small> For _____ Nights	
		<b>TOTAL DUE \$ _____</b>

I hereby certify that the above services have been rendered by me and that payment, in whole or in part, has not been received from any source.

Foster Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Signature: \_\_\_\_\_

**Summary Questions: To better assist you in your fostering process, we want to know what we are doing that has helped and what we need to do to make this process better. All feedback is welcome!**

1. How can Camp Rock better assist you in your fostering process?
2. Did you complete any continuing education trainings this month?  
If yes, please make sure you turn in certificates to your case manager.
3. Any additional concerns, questions, compliments, or complaints: