**LTFC PAYMENT VOUCHER MUST BE FILLED OUT COMPLETELY ALONG WITH REQUIRED ATTACHED DOCUMENTATION OR PAYMENT VOUCHER WILL NOT BE ACCEPTED OR PROCESSED UNTIL CORRECTED.**

|  |  |
| --- | --- |
| **Foster Family Name** |  |
| **Foster Family Address** |  |

 **Please check and complete *only one* of the following statements:**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Foster Child’s Name:*** | ***This child was in my home through the last day of:*** | ***This child was removed from my home on the:*** | ***(For Office use Only)*** |
|  | ***(Month) \_\_\_\_\_\_\_\_\_\_\_\_ (Year) \_\_\_\_\_\_\_\_\_\_\_\_*** | *(****Day) \_\_\_\_\_\_ of (Month) \_\_\_\_\_ , (Year) \_\_\_\_\_*** |  |
|  | ***(Month) \_\_\_\_\_\_\_\_\_\_\_\_ (Year) \_\_\_\_\_\_\_\_\_\_\_\_*** | *(****Day) \_\_\_\_\_\_ of (Month) \_\_\_\_\_ , (Year) \_\_\_\_\_*** |  |
|  | ***(Month) \_\_\_\_\_\_\_\_\_\_\_\_ (Year) \_\_\_\_\_\_\_\_\_\_\_\_*** | *(****Day) \_\_\_\_\_\_ of (Month) \_\_\_\_\_ , (Year) \_\_\_\_\_*** |  |
|  | ***(Month) \_\_\_\_\_\_\_\_\_\_\_\_ (Year) \_\_\_\_\_\_\_\_\_\_\_\_*** | *(****Day) \_\_\_\_\_\_ of (Month) \_\_\_\_\_ , (Year) \_\_\_\_\_*** |  |
|  | ***(Month) \_\_\_\_\_\_\_\_\_\_\_\_ (Year) \_\_\_\_\_\_\_\_\_\_\_\_*** | ***Day) \_\_\_\_\_\_ of (Month) \_\_\_\_\_ , (Year) \_\_\_\_\_*** |  |
|  |  |  |  |

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| --- |
| **For Office Use Only** |
| **Received in Foster Care Office** | **Date:** |
| **Received in Bookkeeping** | **Date:** |

***Foster Parent Signature Date***

***This acknowledges that we (I) understand that foster children have certain personal rights, understand the agency discipline policy, and agree to abide by these requirements. If we (I) have any questions or need clarification we will contact our FFASW or Program Supervisor.***

 **Please provide the following information:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Important Information:** | **CHILD 1** | **CHILD 2** | **CHILD 3** |
| **D&M FFA Social Worker Contacts (type and length)** |  |  |  |
| **Medical, Dental, Psych Visits** |  |  |  |
| **Appointments Scheduled?** |  |  |  |
| **Other important Information:** |  |

**REQUIRED DOCUMENTATION TO BE TURNED IN ALONG WITH RECEIPTS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Child 1** | **Child2** | **Child 3** | **Form(s) Attached****(Please check one of the Boxes)** | **FP Initial** | **SW Initial** |
| **Monthly Clothing w/receipts** |  |  |  | **Form(s) Attached?** [ ]  **Yes** [ ]  **No** |  |  |
| **Incidentals $25 w/receipts** |  |  |  | **Form(s) Attached?** [ ]  **Yes** [ ]  **No** |  |  |
| **Allowance Form** |  |  |  | **Form(s) Attached?** [ ]  **Yes** [ ]  **No** |  |  |
| **Acculturation/Religious** |  |  |  | **Form(s) Attached?** [ ]  **Yes** [ ]  **No** |  |  |
| **Recreation/Leisure w/ Weight log recorded** |  |  |  | **Form(s) Attached?** [ ]  **Yes** [ ]  **No** |  |  |
| **Record of Contacts** |  |  |  | **Form Attached?** [ ]  **Yes** [ ]  **No** [ ]  **N/A** |  |  |
| **Centrally Stored Medication Log** |  |  |  | **Form Attached?** [ ]  **Yes** [ ]  **No** [ ]  **N/A**(Turn in when new medication is prescribed.) |  |  |
| **Record of Administered****Medication Log** |  |  |  | **Form Attached?** [ ]  **Yes** [ ]  **No** [ ]  **N/A** (Turn in if medication is given.) |  |  |
| **ILS/Physical Activity Log** |  |  |  | **Form Attached?** [ ]  **Yes** [ ]  **No** [ ]  **N/A** |  |  |

|  |  |  |
| --- | --- | --- |
| **Physical Inventory – Turned in within first 30 days of placement with your Voucher then every six (6 months) with your Voucher. Name: Form Attached?** [ ]  **Yes** [ ]  **No** [ ]  **N/A** |  |  |

*S:\Foster Family Agency\FFA Forms\Voucher,  Rv 9/2021*