David & Margaret Foster Care and Adoption Services
1350 Third Street, La Verne, CA 91750
Phone: (909) 593-0089   Fax: (909) 596-7583
E-Mail Fax: (909) 267-3491

PAYMENT VOUCHER

COMPLETE A VOUCHER FOR ALL FOSTER CHILD(REN) IN YOUR HOME AT THE END OF EACH MONTH OR AS SOON AS A FOSTER CHILD IS REMOVED FROM YOUR HOME.

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

Please indicate which program: ☐ **Treatment Foster Care**   ☐ **Foster Care**

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) _____	

_____

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.

For Office Use Only	
Received in Foster Care Office	Date:
Received in Bookkeeping	Date:

Please provide the following information:

Important Information:	This Month	SIR Written	Scheduled Next Month
Family Visits or appointments			
CSW Visits			
D&M Social Worker Visits (type and length)			
Other Visits (Who/Where)			
Appointments Scheduled?			
Other important Information:			

REQUIRED DOCUMENTATION TO BE TURNED IN ALONG WITH RECEIPTS

	FP Initial	FFASW Initial	Form Attached (Please check one of the Boxes)	
Allowance Form			Form Attached? ☐ Yes ☐ No	
Monthly Clothing Form (Incidentials $25.00 per child)			Form Attached? ☐ Yes ☐ No	
Weight Chart			Form Attached? ☐ Yes ☐ No	
Record of Contacts			Form Attached? ☐ Yes ☐ No	
Record of Administered Medication Log			Form Attached? ☐ Yes ☐ No ☐ N/A (Do not turn in if no medication given)	
Centrally Stored Medication Log			Form Attached? ☐ Yes ☐ No ☐ N/A (Turn in when new medication given or added)	