



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

TREATMENT FOSTER CARE 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:

<i>Foster Child's Name:</i>	<i>This child was in my home through the last day of:</i>	<i>This child was removed from my home on the:</i>	<i>(For Office use Only)</i>
	(Month) _____ (Year) _____	(Day) _____ of (Month) _____, (Year) _____	
	(Month) _____ (Year) _____	(Day) _____ of (Month) _____, (Year) _____	

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:	This Month	SIR Written	Scheduled Next Month
Family Visits or appointments			
CSW Visits			
D&M Social Worker Visits (type)			
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)	Amount \$ _____
Allowance Form			Form Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount \$ _____
Monthly Clothing Form Incidentals - \$ 40.00			Form Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount \$ _____
Weight Chart			Form Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Record of Contacts			Form Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Record of Administered Medication Log			Form Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (Do not turn in if no medication given)	
Centrally Stored Medication Log			Form Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (Turn in when new medication given or added)	
Recreation Log – TFC Only			Form Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount \$ _____
Monthly Recreation Receipt Record			Form Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	