

CLOTHING ALLOWANCE FORM

Foster Child's Name: _____ Date of Birth: _____
First Last

STATE ID#: _____ CASE # _____

Foster Parent Name: _____ Provider # _____

Mailing Address: _____
Street

City State Zip Code

Date Child Placed: _____ Child's Caseworker: _____

Caseworker's Signature: _____

Supervisor's Signature: _____

Date Submitted: _____

Receipts Totaling/Amount: \$ _____ (Maximum allowable - \$87.29)

STAPLE RECEIPTS TO THIS FORM → → →

One clothing allowance of \$87.29 per child can be made if previously authorized by child's caseworker. Receipts should be submitted to child's caseworker within sixty (60) days of the purchase.

