

Foster Care Clothing Allowance

To be Completed by the Department of Human Services

| | |
|----------------------|------|
| Name of Foster Child | Date |
|----------------------|------|

- An initial clothing allowance of up to _____ is approved (\$250 maximum).
- A replacement clothing allowance of up to _____ is approved (maximum of \$200 for family foster care and \$100 for all other levels).

| | |
|--|------|
| Signature of Social Work Administrator | Date |
|--|------|

To be Completed by the Foster Parents and Case Worker

| No. of Items | Description of Clothing Purchased | Cost of Items |
|--------------------|-----------------------------------|---------------|
| | | |
| | | |
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| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | \$ |
| Tax | | |
| Total Costs | | \$ |

The above items have been purchased for _____ . (Receipts are required and are to be attached to this form.)

| | |
|------------------------------|------|
| Signature of Resource Parent | Date |
|------------------------------|------|

| | |
|--------------------------|------|
| Signature of Case Worker | Date |
|--------------------------|------|

Claim must be submitted within 90 days of expenditure.