

FOSTER PARENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Foster Care Maintenance for the Month of: \_\_\_\_\_

VN#		AMT#	
ACCT#			

CHILD'S NAME	AGE	DOB	# Days	Rate	Amount
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Mileage Reimbursement**

CHILD	DATE	FROM	TO	PURPOSE	TOTAL MILES		
						x.48	\$
						x.48	\$
						x.48	\$
						x.48	\$
						x.48	\$
						x.48	\$
						x.48	\$

**CLOTHING** (Attach Receipts)

CHILD: _____	\$
CHILD: _____	\$
CHILD: _____	\$
CHILD: _____	\$

**MISCELLANEOUS** (Attach Receipts)

**\*FOSTER PARENT TRAINING STIPEND**

Sub-Total Misc.	\$
Sub-Total Training	\$
<b>GRAND TOTAL</b>	\$

**MAIL THIS STATEMENT BY THE 28<sup>th</sup> OF THE MONTH TO:**

Mercer County Children & Youth Services; 8425 Sharon-Mercer Rd. Mercer, PA 16137

Foster Parent Training – You will receive a \$20.00 stipend per foster parent upon the completion of your annual training requirement. (Required 6 training hours per year) Orientation training is not eligible.

Questions call 724-662-3800 ext. 3139 (Fiscal Officer)

**Medical and Dental Appointments (Please attach medical form)**

DATE	CHILD'S NAME	PHYSICIAN/DENTIST	REASON
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____