

MONTHLY CLOTHING FORM

YOUTH NAME: _____

MONTH/YEAR: _____

FOSTER HOME: _____

DATE	ARTICLES OF CLOTHING PURCHASED	COST

EACH YOUTH RECEIVES \$60 A MONTH FOR CLOTHING

THIS YOUTH RECEIVES FOR THIS MONTH \$ _____

BALANCE FROM PREVIOUS MONTH \$ _____

AMOUNT SPENT THIS MONTH \$ _____

BALANCE \$ _____

YOUTH SIGNATURE _____ DATE _____

FOSTER PARENT SIGNATURE _____ DATE _____

MONTHLY ALLOWANCE FORM

ALLOWANCE LOG/EACH YOUTH EARNS ALLOWANCE ON AGE BASED FORMULA

DATE	AMOUNT	YOUTH SIGNATURE	WITNESS SIGNATURE

COMMENTS: (REASONS FOR PARTIAL LOSS OF ALLOWANCE, ETC.) The child must receive at least 2.50 per week, when there is a loss of allowance.

HYGIENE: Everyday hygiene supplies are the responsibility of the foster parents. (Please list items purchased for this month. Please note any special item the child wanted and had to buy out of their allowance. i.e. (Paul Mitchell Shampoo (\$10) because they didn't want Suave Shampoo (\$2)).

Due on the 30th of each month