REIMBURSEMENT REQUEST
DAY CARE SERVICES FOR CHILDREN IN FOSTER CARE

MAIL TO:_____, Foster Home Social Worker

Address Number: 328325

FOSTER PARENT: _____Phone #_____
HOME ADDRESS: _____Soc. Sec.# _____

CHILD'S CASE NUMBER _____
CHILD'S NAME _____
CHILD'S DATE OF BIRTH _____
CHILD'S SOC. SEC. # _____

Note: This claim form is for reimbursement for day care services for foster children. Day care must be approved in advance by the Foster Home social worker. Foster parents must use a registered family day care home or a licensed group care center unless another arrangement is specifically approved by the Foster Home social worker.

- *Please have the day care provider sign this form and indicate the days and number of hours of care provided.*
- *Please use a separate form for each child. Please write **Child's Case Number** on the appropriate line.*
- *Please submit to the Foster Home's Social worker promptly at the end of every month.*

Day Care Provider (Specify Name and License/Registration Number)	Care Location (Check One)			**Age 0-5 $15.00 Daily Age 6-12 $12.00 Daily Children with disabilities $13.00** Hours and Dates of Service (Weekly) (Example: 4/5/95 – 4/9/95)	AMOUNT PAID	
	Day Care Center	Family Day Care Home	Other (Specify) (Must be individually approved by the social worker for your home)		By Foster Parent	By DSS

Total Amount to be Reimbursed:___

I certify that the day care payments listed above are correct according to my records:

_____ *Day Care Provider's Signature/Date*

_____ *Foster Parent's Signature/Date*

_____ *Day Care Fund Manager/Date*

Gant #_____

_____ *Foster Home Social Worker Signature/Date*

_____ *Foster Home Supervisor Signature/Date*

Check#_____

Kristine Rodgers LCSW-C 240-777-1505
Jeanne Booth LCSW-C 240-777-4012

Does this child have "special needs"? ____Yes____No

Category Code: /__/__/__/__/__/__/__/__/

Check Date:_____