

## Irregular Foster Care Payments

**CHILD'S NAME:** \_\_\_\_\_

**PROVIDER'S NAME:** \_\_\_\_\_

\*Please specify dollar limits, number of visits, date approved

Select	Description	*Specifics
<input type="checkbox"/>	Field Trips, Shop Supplies, Pictures etc.	
<input type="checkbox"/>	Non-Clothing Athletic Equipment	
<input type="checkbox"/>	Prom Dress/Tux	
<input type="checkbox"/>	Camps-Any Type	
<input type="checkbox"/>	Music Lessons/Lease/Purchase of Instruments	
<input type="checkbox"/>	Individual Circumstances	
<input type="checkbox"/>	Initial Clothing Allowance	
<input type="checkbox"/>	Special Clothing Allowance	
<input type="checkbox"/>	Emergency Foster Care Placement	
<input type="checkbox"/>	Child Care-Foster Parents Employment	
<input type="checkbox"/>	Child Care-Foster Parents Attendance Hearing	
<input type="checkbox"/>	Travel for Foster Child	
<input type="checkbox"/>	Travel for Family - Group/RCCF	
<input type="checkbox"/>	Excess Maintenance Level I - \$50	
<input type="checkbox"/>	Excess Maintenance Level II - \$100	
<input type="checkbox"/>	Excess Maintenance Level III - \$150	
<input type="checkbox"/>	Excess Maintenance Level IV - \$_____	
<input type="checkbox"/>	Minor Parent/Infant Payment	
<input type="checkbox"/>	Travel/Administrative Expense	
<input type="checkbox"/>	Transportation to home school district	

**CASE MANAGER'S SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_