



# Irregular Foster Care Payments

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

**FC PROVIDER'S NAME:** \_\_\_\_\_ **FC Provider Start Date:** \_\_\_\_\_

Select	Description	Specifics: Detail the dollar limits, number of visits, mileage, dates, etc.	Approval Date/Initials
<b>APPROVAL NEEDED: County/Public Agency</b>			
<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 CHILD CARE PROVIDER: _____		
<input type="checkbox"/>	Child Care-Foster Parents Attend Hearing CHILD CARE PROVIDER: _____		
<b>APPROVAL NEEDED: Regional Supervisor and Permanency Planning</b>			
<input type="checkbox"/>	Travel for Foster Child		
<input type="checkbox"/>	Travel for Family - Group/RCCF		
<input type="checkbox"/>	Transportation to home school district		
<input type="checkbox"/>	Excess Maintenance Level I - \$1.67/day EFF DATES: _____ TO _____		
<input type="checkbox"/>	Excess Maintenance Level II - \$3.33/day EFF DATES: _____ TO _____		
<input type="checkbox"/>	Excess Maintenance Level III- \$5.00/day EFF DATES: _____ TO _____		
<input type="checkbox"/>	Excess Maintenance Level IV - \$_____/mth EFF DATES: ____ TO ____		
<input type="checkbox"/>	Minor Parent/Infant Payment		

NOTES:

AGENCY CASE MANAGER: \_\_\_\_\_

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

AGENCY SUPERVISOR (if applicable): \_\_\_\_\_

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

REGIONAL REPRESENTATIVE (if applicable): \_\_\_\_\_

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