



FOSTER CARE TRANSPORTATION REIMBURSEMENT BUDGET SHEET

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CHILDREN AND FAMILY SERVICES-FOSTER CARE

SFN 1023 (11-2022)

Name of Child in Care		Case Number	
Name of Applicant/Parent		Telephone Number	
Address	City	State	ZIP Code

INCOME

Count the number of household members and the total gross income of **all** persons living in the household, including children placed in foster care.

Household Size	Household's Total Gross Income	<input type="checkbox"/> Monthly	OR	<input type="checkbox"/> Annually
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ASSETS

Assets include cash, savings, checking, stocks, bonds, CDs, burial accounts and other personal property or real estate which could be borrowed against or sold for cash.

Types of property/equity not counted in the household assets include ones home, clothing, personal effects, household goods, any real estate property, producing reasonable income, and the equity value of \$1,500 for one vehicle. Additional vehicles are considered an asset.

Household Liquid Assets

Signature of Applicant	Date
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AGENCY USE ONLY:

ELIGIBILITY

Income must be below these limits:

Household Size	Maximum Income Level (Annually)	Maximum Income Level (Monthly)
1	\$25,773	\$2,148
2	\$33,703	\$2,809
3	\$41,633	\$3,470
4	\$49,563	\$4,131

Household Size	Maximum Income Level (Annually)	Maximum Income Level (Monthly)
5	\$57,493	\$4,792
6	\$65,423	\$5,452
7	\$66,910	\$5,576
8	\$68,397	\$5,700

Assets: The total assets of all persons living in the household cannot exceed \$10,000.

ELIGIBLE NON ELIGIBLE