



FOSTER CARE PROVIDER REIMBURSEMENT REQUEST

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 CHILDREN AND FAMILY SERVICES-FOSTER CARE
 SFN 903 (8-2023)

Licensed foster care providers must complete this form to request reimbursement for irregular payments for each child in foster care. Purchases must be discussed and **pre-approved** by the custodial case manager. Receipts for all purchases/ payments are required and must be attached to this form for consideration. Please submit request to the custodial case manager for review and submission to the department.

Provider Name	Child's Legal Name
Purchase Month/Year (Use a new request form for each month of purchases)	

Reimbursement Request (Submit within 45 days of purchase. It is best practice to have a separate receipt for the child's purchases and not intermixed with other household purchases. On the receipt, underline the child's specific item for reference.)

Date of Purchase/ Receipt	Payee Location <i>(Walmart, Target, Amazon, YMCA, etc.) (One Recipient/Invoice per Line)</i>	Describe each item purchased or activity fee type. Items described should coincide with dollar amount on the receipt <i>(Example: Jeans \$, Dress \$, Winter Jacket \$, Camp Registration Fee \$, Musical Instrument Rental \$, etc.)</i>	Requested Total	HHS Use Only
				Reimbursed Total
TOTAL				

Comments