

FIRST HOME CARE – TIDEWATER

Financial Ledger for the Month of: _____

CHILD'S NAME: _____

FOSTER PARENTS' NAME: _____

Allowance Given to Child?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Amount Given:	\$ _____	
Date Given:	\$ _____	

PERSONAL CARE/RECREATION

Starting amount: \$ _____
 Amount remaining from previous month: \$ _____
 Total: \$ _____

DATE	Item or purpose *	Amt. Spent
	Cash given to child for Personal Care/Recreation use:	\$ _____
	Amount deposited in savings: <i>(deposit receipt or statement required)</i>	\$ _____
	Amount to be forwarded to next month:	\$ _____

CLOTHING

Starting amount: \$ _____
 Amount remaining from previous month: \$ _____
 Total: \$ _____

DATE	Item or purpose*	Amt. Spent
	Cash given to child for Clothing:	\$ _____
	Amount deposited in savings: <i>(deposit receipt or statement required)</i>	\$ _____
	Amount to be forwarded to next month:	\$ _____

* Please attach receipts to this form:

I certify the above amounts are correct:

Foster Parent Signature _____ Date: _____

Client Signature: _____ Date: _____

DOCUMENT(S) RECEIVED BY: _____ Date: _____

CASEWORKER SIGNATURE

