



ALLOWANCE & ACTIVITY FORM

MONTH _____ YEAR _____

CHILD NAME _____ AGE _____

FOSTER PARENT NAME _____

DAYS OF CARE _____

YEARS OF AGE	ALLOWANCE PER WEEK	ALLOWANCE PER MONTH
0-4	*Please fill out Activity Section*	N/A
5-8	\$5	\$20
9-11	\$5	\$20
12-14	\$10	\$40
15-NMD	\$15	\$60

Allowance Week 1	Allowance Week 2
Amount:	Amount:
Child Signature:	Child Signature:
FP Signature:	FP Signature:

Allowance Week 3	Allowance Week 4
Amount:	Amount:
Child Signature:	Child Signature:
FP Signature:	FP Signature:

What activities did you do this month? (ACTIVITIES SECTION STILL NEEDS COMPLETED, EVEN IF NO ALLOWANCE)

Child Signature (over age 5)

Foster Parent Signature