



ALLOWANCE/ACTIVITY FORM

MONTH _____ YEAR _____

CHILD NAME _____ AGE _____

FOSTER PARENT NAME _____

DAYS OF CARE (For the month listed above only) _____

| 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: |

ACTIVITY SECTION: (ACTIVITY SECTION STILL NEEDS TO BE COMPLETED, EVEN IF NO ALLOWANCE IS GIVEN)

What activities did the foster child engage in this month?

Child Signature (over age 5)

Foster Parent Signature