



MONTHLY CLOTHING RECEIPT FORM

MONTH _____ YEAR _____

CHILD NAME _____ AGE _____

FOSTER PARENT NAME _____

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

ATTACH RECEIPT HERE- MAKE PHOTOCOPY (COPY MUST BE READABLE AND SHOULD INCLUDE AN ITEMIZED RECEIPT)

****THE MINIMUM MONTHLY STANDARD FOR ALL CHILDREN IS \$60 PER MONTH, PER CHILD****

USE ADDITIONAL SHEETS IF NECESSARY

OTR STAFF USE ONLY

OTR STAFF:

DATE: