

TO: GEAUGA COUNTY JOB & FAMILY SERVICES
 12480 RAVENWOOD DR.
 P.O. BOX 309
 CHARDON, OH 44024

FROM: _____

 PHONE: _____

RE: FOSTER CARE for: (MONTH) _____ (YEAR) _____

CHILD #1:	
1.	17.
2.	18.
3.	19.
4.	20.
5.	21.
6.	22.
7.	23.
8.	24.
9.	25.
10.	26.
11.	27.
12.	28.
13.	29.
14.	30.
15.	31.
16.	

CHILD #2:	
1.	17.
2.	18.
3.	19.
4.	20.
5.	21.
6.	22.
7.	23.
8.	24.
9.	25.
10.	26.
11.	27.
12.	28.
13.	29.
14.	30.
15.	31.
16.	

CHILD #3:	
1.	17.
2.	18.
3.	19.
4.	20.
5.	21.
6.	22.
7.	23.
8.	24.
9.	25.
10.	26.
11.	27.
12.	28.
13.	29.
14.	30.
15.	31.
16.	

CLOTHING: \$ _____
 RECEIPTS ENCLOSED

CLOTHING: \$ _____
 RECEIPTS ENCLOSED

CLOTHING: \$ _____
 RECEIPTS ENCLOSED

MEDICAL: \$ _____
 RECEIPTS ENCLOSED

MEDICAL: \$ _____
 RECEIPTS ENCLOSED

MEDICAL: \$ _____
 RECEIPTS ENCLOSED

MISC: \$ _____
 RECEIPTS ENCLOSED

MISC: \$ _____
 RECEIPTS ENCLOSED

MISC: \$ _____
 RECEIPTS ENCLOSED

EXPLAIN MISC: _____

EXPLAIN MISC: _____

EXPLAIN MISC: _____

MEDICAL REPORT: ON _____, _____ WAS SEEN BY:

_____, _____, _____
 DOCTOR'S NAME ADDRESS PHONE NUMBER

-FOR OFFICE USE ONLY-

Child #1 Number of Placement Days: _____ Approved Perdiem Rate: _____
 Child #2 Number of Placement Days: _____ Approved Perdiem Rate: _____
 Child #3 Number of Placement Days: _____ PPW: _____ Date: _____