

Return to: Attention: Kelly Riley Athens County Children Services P.O. Box 1046 Athens, OH 45701 (740) 592-3061	Foster Parent: _____ Month/Year: _____ Name of Foster Child(ren): _____ _____ Caseworker: _____
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**MEDICAL EXPENSES:** Attach receipts and copy of prescriptions with child's name on them. Items such as cough medicine, Tylenol, etc. are not reimbursable.

Child	Expense	Amount

**SCHOOL EXPENSES:** Fees, books, class projects, individual pictures (K-12 only), class picture, class rings for seniors, yearbooks for seniors, graduations announcements and cap and gown, etc. Attach receipts with child's name on them.

Child	Expense	Amount

**MISCELLANEOUS EXPENSES:** Long distance phone calls relating to the foster child (attach copy of bill with calls highlighted, note which foster child calls are for and total the amount), life book materials/developing of photos, etc.

Child	Expense	Amount

I verify the above expenses were incurred in caring for the above-named child(ren).

\_\_\_\_\_  
Foster Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Approval

\_\_\_\_\_  
Date