Athens County Children Services Foster Care Child Care Receipt

Foster Caregiver:_		Child Care Provider:						
Please select need for child care reason :								
Outline dates and	times for "e	ach" child						
Child's Name	Date	Hours (from - to)	Total hrs	@ Rate	Total Paid			
	-	mplete the following:	_					
	reived payment in the amount of:From:							
_	Signature of Child Care Provider:Date:Date:							
For Fiscal Use Onl	ement Case	worker:						
		No Total Reimburse	ment:					
		Athens County Child						
		Foster Care Chi						
		Receipt						
		•						
Foster Caregiver:_		Child	Care Provider	·				
Please select need	l for child ca	are reason :	nplovment S	AR/Case Review				
		g Other (please des	· · · —					
Outline later and								
Outline dates and		1	Total bys	@ Doto	Total Daid			
Child's Name	Date	Hours (from - to)	Total hrs	@ Rate	Total Paid			
Child Caro Provide	or places es	mplete the following:						
	-	mplete the following:	From:					
			From: Date:					
		worker:						
For Fiscal Use Onl	v:							
		No Total Reimburse	ment:					