

FOSTER PARENT BILLING INVOICE

MAIL TO: CHFS-DAFM

*contact your R&C worker

For your Billing Specialist

Foster Home Name: _____

Address: _____ Email: _____

City: _____ State: KY Zip: _____ Phone #: _____

Month/Year: _____ County: _____

Child's Name	TWIST #	Have you seen the child's worker in the last 30 days?		DOB	Entry Date	Exit Date*	# of Days	Rate	Total
		YES	NO						
TOTAL									

**Enter Date Only If Child Has Exited Your Foster Home*

Totals from Each Section:

		Total	Office Use
Board	<i>Total from Page 1</i>		
Special Expense	<i>Total from Page 2</i>		
Training Expense	<i>Total from Page 2</i>		
	Grand Total ⇒		

I hereby certify that the expenses and boarding home care specified have been furnished to the child by me, and that payment in whole or in part has not been received.

Foster Parent Signature (Required)

Date

Foster Parent Expenses for Training**Foster Parent Name:** _____

Name & Location of Training	Date	Mileage			Meals	Fees	Babysitter	Total
		# of miles	Rate	Total				
Total Amount of Training Expenses								

Note: Receipts must be attached for babysitting & fees. Meals can only be reimbursed if training required an overnight stay. Meals are reimbursed at the following rates: \$8.00 for breakfast, \$10.00 for lunch and \$18.00 for dinner. Training must be PRE APPROVED by supervisor. Billing specialist must have a copy of the approval memo, signed by supervisor, before training expenses can be reimbursed.

SPECIAL EXPENSES:**(Respite for Care Plus & Medically Fragile, Senior Expenses, Birthday, Christmas, and Life books etc.)**

Name of Child	Twist #	Description of Expense	Date of Expense	Expense Amt Paid
Total Amount of Special Expenses				

NOTE: Receipts are required for all special expenses except Birthday & Christmas. Mileage in excess of allotted amount for visits, court appearances, & case conferences must be approved by the FSOS & billing specialist must have a copy of the approval memo signed by the FSOS and the transportation log.

