



CENTERSTONE

Family Centered Services Therapeutic Foster Care
Verification Sheet

Foster Family: _____

Child's Name: _____ Month / Year: _____

Allowance Record

Please denote when and how much money you gave to this child for their allowance. **The CHILD must sign and verify that he/she received the allowance.**

(Allowance is

\$1.00 per day)

| Date | Amount Given | Foster Parent Signature | Child Signature |
|------|--------------|-------------------------|-----------------|
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****Clients – PLEASE do not sign this form unless you have received your allowance!**

Clothing Allotment

Please list clothing you bought for this child this month. IF YOU DID NOT BUY CLOTHES THIS MONTH, please write the "carryover amount" that is owed that child and keep record of that on subsequent logs. When a child leaves your home, the carryover amount **MUST** be paid by you to that child BEFORE THEY LEAVE. When you DO buy clothes for a child, please attach the receipts to this form.

****CLOTHING ALLOTMENT IS NOT TO BE USED FOR CHRISTMAS GIFTS INCLUDING CLOTHES!**

| Month | Clothing Bought - Description | Amount / Carryover | Child's Initials |
|-------|-------------------------------|--------------------|------------------|
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DO NOT LEAVE THIS SPACE BLANK! PLEASE FILL IN ALL INFORMATION!

DCS WORKER / VISIT INFORMATION

Did the child see (IN PERSON) his / her DCS worker this month? _____ YES _____ NO

If Yes, When and Where? _____

Name Of DCS Worker: _____ Phone Number: _____

MONTHLY FIRE DRILL

Did the child participate in a home fire drill this month? _____ YES _____ NO

If Yes, Date of drill and seconds it took to evacuate the house? _____