

Foster Child Enrichment Council PAYMENT REQUEST

Instructions:

1. Maximum payment – \$500 per child – but payment amount depends on availability of funds.
2. Allow at least 10 business days to receive a check.
3. Checks will be made out to the vendor, **OR...**
4. Foster parents or relative caregivers may pay in advance and request reimbursement. A receipt must be sent along with this form.
5. All checks are mailed to the home of the foster parent or relative caregiver.
6. **Send this form (and receipt, if required) to:**
 Mark Eling, A&D 5SE602
 Questions: 946-1303 or elingm@jfs.hamilton-co.org

Check one: **Kinship** **Foster Care**

| | | |
|-----------------|--------------------|-----------|
| Date requested: | Date needed: | |
| Caseworker: | Phone: () - | Location: |
| Custody type: | Placement type: | |

| | |
|-------------------|------|
| Caregiver's name: | |
| Child's Name: | DOB: |
| Child's Name: | DOB: |
| Child's Name: | DOB: |

| | |
|---------|-------------------------|
| Amount: | Description of Request: |
|---------|-------------------------|

Make check out to:

- Name of vendor:
 If reimbursement, name of caregiver:

Mail to: *(caregiver's address)*

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|-----------------|--------|------|
| Street address: | | |
| City: | State: | Zip: |

Check:

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|---|
| Have you requested a discount from vendor? <input type="checkbox"/> No; <input type="checkbox"/> Yes |
| Has foster parent already contributed to the cost of this request? <input type="checkbox"/> No; <input type="checkbox"/> Yes – If yes, list amount: _____ |
| This request is to enrich the social, cultural, athletic and/or educational needs of the child. <input type="checkbox"/> No; <input type="checkbox"/> Yes |

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| Caseworker or Supervisor Signature: | Date: |
|-------------------------------------|-------|

FCEC Use Only:

| | |
|-------|-----|
| Date: | By: |
|-------|-----|