

FOSTER HOME SUPPLEMENT/VACATION INCENTIVE CLAIM FORM

CHECK ONE:

FOSTER HOME SUPPLEMENT (provider is considered to be "on break" and not providing care during dates claimed)
 Foster Home Supplement (formerly called "vacation pay") is given to foster care providers who have provided at least 183 days of care in the previous year. Substitute care arrangements for a child in your home must be authorized by the child's placing worker before being provided. Please contact your child's placing worker to request authorization. For more information, refer to the Anoka County Foster Care Handbook.

VACATION INCENTIVE (limited to 14 days per year, per child)

Foster care providers who take their foster child on vacation with them are eligible for \$20 per day in addition to the child's daily rate. Providers need to contact the child's placing worker before taking the child on a trip and request authorization. For more information, please see the Anoka County Foster Care Handbook.

CHILD'S NAME _____

BIRTHDATE _____

THE FOSTER HOME AS STATED ABOVE HAS RENDERED SERVICE FOR PERIODS AS FOLLOWS: PLEASE ENTER EACH DATE THAT YOU ARE CLAIMING FOSTER HOME SUPPLEMENT OR VACATION INCENTIVE FOR MONTH OF _____

WK OF	SUN	MON	TUES	WED	THU	FRI	SAT
	DATE	DATE	DATE	DATE	DATE	DATE	DATE

Name of Foster Home _____

Street Address _____

City _____ State _____ Zip _____

I declare under penalty of law that this claim is just and correct and no part of it has been paid. That these services have been rendered to the above named foster child during the period specified.

Signature of Foster Parent _____

Date: _____

FOR OFFICE USE ONLY:

Vendor # _____ Batch # _____ Voucher # _____ Date Received _____ / _____ / _____
 Date Due _____ / _____ / _____ Voucher Amt. _____ Approved By _____

UNIT TYPE	UNIT RATE	SERVICE PROVIDED	DATES OF SERVICE	TOTAL

Return to:
 Anoka County Placement Support Unit, Government Center
 2100 Third Avenue, Suite 500
 Anoka, MN 55303-5049