

FOSTER HOME MONTHLY CENSUS SHEET---MONTH OF

DUE BY THE 5TH OF

FOSTER PARENT - PRINT Name: _____

FOSTER PARENT - Signature: _____

List the children who are currently "PLACED" in your home:	If new placement, list placement date:	If discharged in month, list discharge date:	Amount of clothing receipts attached per child

LIST THE CHILDREN <u>PLACED</u> IN YOUR HOME WHO LEFT FOR A RESPITE:				
Child's Name	Date OUT	Date RETURNED	Respite AWOL/ Hospitalization	Using Respite Days? Yes/No - How Many?
				/
				/
				/
				/
				/

Did you attach
Medicine Logs,
Behavior Logs,
and Respite
Care Reports?

LIST THE CHILDREN WHO WERE IN YOUR HOME <u>ON RESPITE</u>:				
Child's Name	Date IN	Date OUT		

Mail to:
HFK
PO Box 683
Niles, OH
44446

**REMINDER - RESPITE DAYS ALLOWED ARE:
(16) THERAPEUTIC (19) STR**

CEO Signature

Director of Finance Signature