**

**Georgia Hope, Inc.**

*Foster Care and Adoption Agency*

**Foster Parent Clothing Reimbursement Form**

Instructions For Completing Reimbursement Form:

***\*\*Annual Clothing Amount Rates- Ages Birth to Age 12- $306.00 Per Year***

***Ages 13 Years and Older- $409.00 Per Year***

***Amount may be decreased if the child has been in a prior foster home placement.***

1. Please complete the form below for each child in which you are requesting reimbursement for clothing purchases. You must complete a **separate** form for each child and attach the original receipts to this form.
2. Please note, you will not be reimbursed for any amount listed below where there is no corresponding receipt. In addition, your Clothing Reimbursement Form must be submitted **NO LATER THAN THE 3RD OF EACH MONTH** to your office my US mail or hand delivery. If your reimbursement form is submitted **AFTER** the 3rd of the month your payment may be **DELAYED.**
3. Clothing is the only items that can be reimbursed. Each child must have a separate receipt.

Date Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Foster Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s Age: \_\_\_\_\_\_\_\_\_\_\_\_

**Date of Receipt** **Amount** **Date of Receipt** **Amount**

1.\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_ 4.\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_ 5.\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_ 6.\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_

Are the corresponding original receipts Attached? \_\_**Y \_\_ N**

Total Reimbursement $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***FP Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***