Na<u>me:</u> Foster Child Name: Tax Year:

Foster parents receive Rate. The reimbursem higher the stipend. The items. Other expenses **Out of pocket expense** House & personal prep Finger printing/cpr ce Toddler proofing

Safety gates

Pool fencing

Door/window locks

Car seat/stroller

Crib/bed

First aid kit

Daily items

Sippy cups

Toddler plates and sil

Travel containers

Bottles/bottleliners/r

Diaperbag/backpack

Carrier/bouncer/swir

Bedding

Hygiene items

Clothing*

Diapers and baby wip

Toothbrush, tooth past

Towels

Teen: wallet, purse

Jacket/swimsuit

Other Items

* If being reimbursed ext Items Needed:

Placement agreemen Social security card or For more information tal

Pot

a stipend for ent is distribut ey may also re may be dedu

ert

verware

nipples

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es*

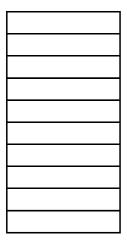
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ra for any of th

t or court order r number k to a Tax Profe

tential Deductions fo

room, board, and dai ed according to the n ceive additional reim ctible, ask if in questi Amount



ese they aren't deducti

ssional at LBS Tax 480-6

r Foster Parents

ly essentials or get reimbur needs of the child. The high bursement for clothing, milon.

Mileage

Parenting Classes*

CPR certification/fingerprinting,

Medical*

Dental*

Court*

Social Worker/DCS*

Day care mileage

Family visits*

Therapy*

Foster Family Events

PS Mapp/Licensing classes

Other

Back Pack

School supplies

School Fees & books

Extra curricular activities

Seasonal items

Household

Increase in electric

Increase in water

Increase vacation expenses increase for foster child

ble.

Number of months in home? Date of birth 564-1249 or go to www.LBSTa



rsed a Daily Bed her the needs, the eage, and other

Total Mileage

/first aid

ix.com