

Name: \_\_\_\_\_

Foster Child Name:

Tax Year:

Foster parents receive  
Rate. The reimbursement  
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

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## **Potential Deductions for**

room, board, and daily expenses are determined according to the needs of the individual. If you wish to receive additional reimbursement for these expenses, ask if in question.

Amount






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## **r Foster Parents**

ly essentials or get reimbursed for the needs of the child. The high reimbursement for clothing, milk, and transportation.

### **Mileage**

Parenting Classes*
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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](http://www.LBSTa)





# LBS TAX

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

Total Mileage






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ix.com

