

Licking County Job & Family Services

74 South Second Street, P.O. Box 5030

Newark, OH 43058-5030

740-670-8999

FAX 740-670-8993

Billing Month:

Foster Parents

Name:

Address:

Billing is hereby submitted for care of the following child(ren) for the period indicated below:

| FOSTER CARE | | | |
|---------------|------|----|-----------------|
| Name of Child | From | To | Agency Use Only |
| | | | |
| | | | |
| | | | |
| | | | |
| TOTAL | | | |

| DAY CARE <i>(Please submit receipts)</i> | | |
|--|------------------------|-----------------|
| Name of Child | Total Cost of Day Care | Agency Use Only |
| | | |
| | | |
| | | |
| TOTAL | | |

| RESPITE CARE | | | |
|---------------|------|----|-----------------|
| Name of Child | From | To | Agency Use Only |
| | | | |
| | | | |
| | | | |
| TOTAL | | | |

Comments:
