



Child/Youth Monthly Expenditure Log

Child/Youth's Name: _____ Month/Year: ____/____

CLOTHING ITEMS: *Include description of clothing items purchased

Last month's **carryover**: \$ _____ + Monthly Requirement: _____ = Allowable Amount: \$ _____

Clothing Purchased	Date	Amount	Youth Signature

Total Spent: \$ _____ Receipts(s) Total: \$ _____ Next Month's carryover: \$ _____

INCIDENTALS: Include description of items purchased

Last month's **carryover**: \$ _____ + Monthly Requirement: _____ = Allowable Amount: \$ _____

Misc./Hygiene Items Purchased	Date	Amount	Youth Signature

Total Spent: \$ _____ Next month's carryover: \$ _____

ALLOWANCE:

Date Given	Amount Given	Youth Signature

***Refer to the chart on the back page for required amounts per category per child/age.**

Required Funds Distribution Amount(s)

Note: Foster care per diem rates (monthly reimbursements to foster parent(s)) are to include the cost(s) of clothing, incidentals, and personal allowances to child/youth in care. Clothing may include shirts, shoes, pants, undergarments, etc. Incidentals include medicine chest supplies, deodorants, and other personal toiletries. When purchasing needed clothing and incidentals for the child/youth in care, attach all receipts for purchases to this form. The following chart shows the **minimum** requirement per child monthly. Per the **age** of each child placed in your home, the following amount(s) are to be disbursed monthly:

Age	Clothing	Incidentals	Allowance
0-2	\$ 25.00	\$ 6.00	\$0
3-5	\$ 25.00	\$ 5.00	\$ 1.00
6-11	\$ 35.00	\$ 5.00	\$ 7.50
12+	\$ 40.00	\$ 10.00	\$20.00

Note: You may carryover funds spent up to 3 months per child. After the 3 months all saved money must be spent on the child. Questions regarding this may be directed to your Foster Care Consultant. Should a child not be given their required monthly funds NBFS reserves the right to request this and then subtract it from the per diem rate prior to reimbursing the parent(s) for the child.