

New Beginnings Family Services, Inc.
Statement of Board and Care

Family Name: _____
(Last Name, First)

Month/Year: _____ / 2017

Region:

Metro Louisville
Central Bluegrass
Southern Region
Northern KY

Boarding Verification:

*(List the name(s) of child(ren) admitted to your home here)

Child/Youth Name (Last Name, First Name)	Level	Per Diem Rate	Start Date (First day in your home)	Respite Start Date (First day at Respite Home)	Respite End Date (Last day at Respite Home)	Ending Date (Last day at your home)	Total Number of Days (in your home)
		\$ _____	__/__/__	__/__/__	__/__/__	__/__/__	
		\$ _____	__/__/__	__/__/__	__/__/__	__/__/__	
		\$ _____	__/__/__	__/__/__	__/__/__	__/__/__	
		\$ _____	__/__/__	__/__/__	__/__/__	__/__/__	
		\$ _____	__/__/__	__/__/__	__/__/__	__/__/__	

Respite Care Used: *Indicate child/youth (from list above) who reside with you that went to Respite here: indicate the family who provided respite for you in the space below.

Child/Youth Name	Start Date	End Date	Total Number Days of Respite Used	Respite Provided By : (Family Name)
	__/__/__	__/__/__	_____	
	__/__/__	__/__/__	_____	
	__/__/__	__/__/__	_____	
	__/__/__	__/__/__	_____	

Respite Care Provided: *Indicate child/youth (that does not reside in your home) that you provided respite for in the space below.

Child/Youth Name	Start Date	End Date	Total Number Days Respite Provided	Respite Provided For : (Family Name)
	__/__/__	__/__/__	_____	
	__/__/__	__/__/__	_____	
	__/__/__	__/__/__	_____	
	__/__/__	__/__/__	_____	

*Special Expenses must be **pre-approved**. *See the back of this form for specific details.

Child/Youth Name (Print)	Expense (Description)	Approved By / Date (NBFS Staff)

Foster Parent Signature: _____

_____ Date

Respite Provider (if applicable) _____

_____ Date

Descriptive of Special Expenses

Birthday – New Beginnings Family Services, Inc. will reimburse \$25.00 for birthday gifts during the child's birth month. **No prior approval or receipts are required.**

School Supplies – New Beginnings Family Services, Inc. will reimburse foster parents \$35.00 for school supplies for children age 12 and under and \$60.00 for children age 13 and older **at the beginning of the school year**. With regard to foster care programs, the agency shall pay the special school expenses to the foster parent unless the agency (New Beginnings) furnishes all school supplies directly to the foster child. **No prior approval or receipts are required.**

School Pictures – New Beginnings Family Services, Inc. will reimburse the foster parent for the purchase of the least expensive package of school pictures, one time per year, for children/youth, Grades K-11. **A receipt is required.**

Senior Expense – New Beginnings Family Services, Inc. will reimburse \$650.00 for expenses related to high school seniors. Applicable expenses may include but are not limited to: cap and gown, class ring, graduation invitations, ACT/SAT testing, prom, senior prom, senior pictures, and/or other applicable expenses. These expenses can be used during the youth's Junior year, but **only** if the youth is on track to graduate. **Receipts are required for reimbursement of noted senior expenses.**

Life Book Expense – New Beginnings Family Services, Inc. will reimburse \$70.00 for the **initial** start-up expense to purchase a Life Book for children new to care. This expense can be used only if the child has never had/purchased a Life Book since his/her time in foster care. A \$25.00 stipend is allowed every six (6) months thereafter for upkeep. If the child has not used any funds designated for Life Book development in a year, it is forfeited, as you cannot add up the start-up and allowances together. **Receipts are required for reimbursement of noted Life Book expenses.**

Winter Holidays - If a child/youth is going to remain in the assigned foster home placement for the majority of the holiday break, New Beginnings Family Services, Inc. will reimburse \$60.00 for winter holiday gifts. New Beginnings **will not** reimburse the foster family for winter holiday gifts if the child/youth will be on extended home visit (two weeks or longer) during the two winter holidays. **No prior approval or receipts are required.**

Transportation Expense - A per diem rate of .40 cents per mile will be paid to foster parents for transportation of a child/youth **beyond** a 40-mile radius. (round trip) Court appointments must be arranged by the assigned Clinical Consultant of New Beginnings and the State worker is to be notified one (1) week prior to the scheduled trip. New Beginnings Family Services, Inc. will secure written approval from the state worker for verification to transport child/youth beyond a 40-mile radius. New Beginnings Family Services, Inc. has to have written approval from the Clinical Consultant provided by state worker and the foster parent has to submit a Transportation Log noting travel/mileage beyond a 40-mile radius. (Revised 06/2013 jg)

All Foster Parents are required to turn in Transportation Logs for any travel reimbursements requested.