

**Athens County Children Services
Foster Care Child Care
Receipt**

Foster Caregiver: _____ Child Care Provider: _____

Please select need for child care reason : Work/Employment SAR/Case Review
 Court Review Team Meeting Other (please describe): _____

Outline dates and times for "each" child

Child's Name	Date	Hours (from - to)	Total hrs	@ Rate	Total Paid

Child Care Provider please complete the following:

I received payment in the amount of: _____ From: _____

Signature of Child Care Provider: _____ Date: _____

Approved by Placement Caseworker: _____

For Fiscal Use Only: IV-E Reimbursable? <input type="checkbox"/> Yes <input type="checkbox"/> No Total Reimbursement: _____

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