

FOSTER HOME STATEMENT

Foster Parent's Name: _____ Phone Number: _____

Address: _____ Email Address: _____

Signature

Child's Name	Begin Date	End Date	Total Days	OFFICE USE ONLY			
				Age	Rate	Amount	Total
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Begin Date: First day of the month or first day child slept in your home overnight in this month.

End Date: Last date of the month or last night child slept in your home overnight in this month.

(Board is paid for the day the child is placed in your home overnight, but not for the day the child left your home.)

Please have statements in to the agency by the close of business on the 7th day of the following month to guarantee payment at the end of the month. Foster statements are only processed one time per month. Any foster statements received after the 7th may not be processed until the following month. Foster Statements may be Faxed to 330-424-1470, emailed to Primary Contact Terry.MacAleese@jfs.ohio.gov and copied to Teri.Takach@jfs.ohio.gov, Erin.Stauffer@jfs.ohio.gov or mailed via US Postal Service Atten: Terry MacAleese to the address shown below.

Columbiana county Department of Job & Family Services
 Children Services
 7989 Dickey Dr. Suite 2
 Lisbon, OH 44432
 (330) 420-6600 FAX (330) 424-1470

THANK YOU FOR LENDING YOUR HEART AND HOME.