

## 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 to the agency by the close of business on the 7<sup>th</sup> 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 7<sup>th</sup> 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](mailto:Terry.MacAleese@jfs.ohio.gov) and copied to [Naomi.Wells@jfs.ohio.gov](mailto:Naomi.Wells@jfs.ohio.gov), [Erin.Stauffer@jfs.ohio.gov](mailto:Erin.Stauffer@jfs.ohio.gov) or mailed via US Postal Service Atten: Terry MacAleese to the address shown below. Additional forms are available on our website. [www.ColumbianaCountyJFS.org](http://www.ColumbianaCountyJFS.org).

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.

**Attention: Terry Macaleese**

Revised 03-2021