

Kamali'i Foster Family Agency
FOSTER PARENT MONTHLY REPORT

Foster Parent: _____
Minor's Name: _____
Month Ending: _____

Height: _____

Weight: _____

Medical Visits: [] No [] Yes Date: _____ (Attach forms)

Dental Visits: [] No [] Yes Date: _____ (Attach forms)

Allowance: wk 1 _____ wk 2 _____ wk 3 _____ wk 4 _____ wk 5 _____

Client Cash Resources: Beginning balance from last month	\$ _____
Plus income (allowance, gift, etc..)	\$ _____
Minus Expenses	\$ _____
New Balance	\$ _____

Attach the following forms if applicable:

Visitation Evaluation: Date _____

Home Pass Contract: Date _____

School Forms (IEP, report cards, progress reports, teacher notes): Date _____

Updated Inventory / Clothing Expenditures

Item _____	Amt Paid \$ _____	Date Purchased: _____
Item _____	Amt Paid \$ _____	Date Purchased: _____
Item _____	Amt Paid \$ _____	Date Purchased: _____
Item _____	Amt Paid \$ _____	Date Purchased: _____
Item _____	Amt Paid \$ _____	Date Purchased: _____
Item _____	Amt Paid \$ _____	Date Purchased: _____
Item _____	Amt Paid \$ _____	Date Purchased: _____
Item _____	Amt Paid \$ _____	Date Purchased: _____
Item _____	Amt Paid \$ _____	Date Purchased: _____
Item _____	Amt Paid \$ _____	Date Purchased: _____

Weekly Log Sheets (attach one for each week)

W/E _____ W/E _____ W/E _____ W/E _____ W/E _____

Foster Parent's Signature: _____

Minor's Signature: _____