



# Child Care Reimbursement Voucher

Rate: \$6 per hour for one child; 50 cents per hour for each additional child

Foster Parent Name: \_\_\_\_\_ Date(s) of child care \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Child #1 name: \_\_\_\_\_

\_\_\_\_\_ Hrs X \$6.00/hr = \$ \_\_\_\_\_

Child #2 name: \_\_\_\_\_

\_\_\_\_\_ Hrs X 50cents/hr = \$ \_\_\_\_\_

Child #3 name: \_\_\_\_\_

\_\_\_\_\_ Hrs X 50cents/hr = \$ \_\_\_\_\_

Child #4 name: \_\_\_\_\_

\_\_\_\_\_ Hrs X 50cents/hr = \$ \_\_\_\_\_

Child #5 name: \_\_\_\_\_

\_\_\_\_\_ Hrs X 50cents/hr = \$ \_\_\_\_\_

Child #6 name: \_\_\_\_\_

\_\_\_\_\_ Hrs X 50 cents/hr = \$ \_\_\_\_\_

Child #7 name: \_\_\_\_\_

\_\_\_\_\_ Hrs X 50cents/hr = \$ \_\_\_\_\_

Child #8 name: \_\_\_\_\_

\_\_\_\_\_ Hrs X 50cents/hr = \$ \_\_\_\_\_

Total Amount to be reimbursed = \$ \_\_\_\_\_

I here-by certify that this is a reimbursement request for an actual expense

Foster parent signature: \_\_\_\_\_

Authorization by group facilitator, signed: \_\_\_\_\_