

Agency Office Use Only

Date Received: _____

Amount Spent: _____



APPROVED RESOURCE FAMILY MONTHLY REPORT

CLOTHING EXPENDITURES \$70.00 AS OF JANUARY 2018

Approved Resource Family: _____

Minor's Name: _____

Month Ending: _____

Agency Office Use Only:

Height of Minor: _____ (Must be completed)

Roller Credit: _____

Weight of Minor: _____ (Must be completed)

Owed Amount: _____

Medical Visits: [] No [] Yes Date: _____ (Attach form from Doctor)

Dental Visits: [] No [] Yes Date: _____ (Attach form from Dentist)

Allowance:	Wk1	Wk2	Wk3	Wk4	Wk5
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Attach the following forms if applicable: Doctor/Dentist Health Screens, Home Pass Contact, Report Cards, Weekly Logs.

Updated Inventory/ Clothing Expenditures (You MUST List Each Item):

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 _____

Approved Resource Family Signature: _____

Minor's Signature: _____

NOTE: Please make sure that ALL sections are properly completed each time a monthly report is turned in to the Agency on the 27th of each month. THANK YOU to all of our WONDERFUL APPROVED RESOURCE FAMILY!