

Child's Case Records: Notebook Organizer

Organize and store all records, information, and documents into a binder for each child. You can take the binder to meetings and appointments, and if the child moves, you can send the filled binder.

Starting the child's case record binder/notebook

1. Start with at least a 3-inch binder for each child (paperwork will quickly stack up).
2. We recommend using two sets of 8-tab notebook dividers with built-in pockets.
3. Label 16 tabs (two 8-tab sets of notebook dividers) in the following order:

1 Face Sheet	5 Legal	9 Developmental	13 Contacts
2 Intake	6 Psych	10 Dental	14 Memories
3 Progress	7 Med Logs	11 Vision	15 Allowance
4 History	8 Medical	12 Education	16 Expenses
4. Use the section checklists to organize information, documents, and records.
 - You do **not** need every item in these checklists.
 - Email the child's caseworker to request (highlighted) critical information.
 - Put extra copies in divider pockets: Notice to Provider, CMDP card, forms, etc.
 - For teens, you can replace "Developmental" tab with "Independent Living" tab.
5. Visit www.AZFamilyResources.com to find answers to questions, to download documents, to read how-to's, and to locate additional resources.

The checklists are color coded

The source of the documents/information is color coded throughout the checklists:

- AzDCS caseworker [red]
- licensing worker [blue]
- previous placement, usually through the AzDCS caseworker [purple]
- you (the foster parent) can download or otherwise obtain [green]
- attached in this document [maroon]
- other or multiple sources [black]

Reference documents to have on hand

You should also have these reference documents on hand, **separate from the child's records**, when caring for a child in foster care. Some of these documents are very long and may be better kept in electronic form.

- Family Foster Home Agreement (your contract with AzDCS, if applicable) [FC-006-55]
- [Foster Adoption Agreement](#) (if applicable) [CSO-1090A]
- [AzDCS Discipline Guidelines Resource Book](#) [CSO-1219A]
- [CMDP Member Handbook](#) [HPM-394]
- [Kinship Foster Care booklet](#) [ACY-1081A], if applicable
- [Notice of Rights for Children and Youth in Foster Care](#) [FSC-1037A]
- [Article 58 Family Foster Parent Licensing Requirements \(Title 6, Chapter 5\)](#)
- [Family Foster Home Care Rates and Fee Schedule](#) [CSO-1109A]
- [AzDCS Go To Guide](#) [pamphlet CSO-1171A]

Child Face Sheet (first tab)

Basic information that you will need at your fingertips regularly.

- Child Face Sheet, if required by licensing agency
- Date came into care, date of adjudication, date referred to agency, and date placed
- Child and Family Team Contact Info (blank form attached)
 - Instructions for contacting the caseworker during and after business hours.
- Birth certificate and/or Office of Vital Records birth data verification
- Social Security number or copy of Social Security card
- Race, ethnicity, sexual orientation, and religion

Child's Full Name _____

Date of Birth ____/____/____ **Place of birth** _____

Social Security # _____ - _____ - _____

CHILDS# _____ (DCS case number)

CMDP# _____ **A#** _____
(medical insurance number on front of card) (number on back of card for psych meds)

Race/ethnicity _____ **Gender** _____

Sexual orientation / Gender ID _____

Religion/culture _____

NOTE: If child is placed with you more than 180 days in a calendar year, you will need the social security number to claim the child as a dependent on your taxes. You do *not* need a social security number to enroll a child in school or to obtain health care. You need the CMDP number to obtain healthcare services.

Date came into care ____/____/____

Date of adjudication* ____/____/____

Date referred to licensing agency ____/____/____

Date of placement into your home ____/____/____

*If you apply for a grant for the child from Arizona Friends of Foster Children Foundation (www.affcf.org), the date of adjudication is part of the verification process.

Child and Family Team: Contact Info

Put this document behind the Face Sheet in first section of notebook.

DCS Caseworker (CW)

Office Phone _____

Mobile Phone _____

Email _____

CW's supervisor

Office Phone _____

Mobile Phone _____

Email _____

Licensing Specialist (LW)

Office Phone _____

Mobile Phone _____

Email _____

Guardian ad litem (GAL)

Office Phone _____

Mobile Phone _____

Email _____

Therapist

Office Phone _____

Mobile Phone _____

Email _____

Psychiatrist

Office Phone _____

Mobile Phone _____

Email _____

Others who participate in team decisions and CFT meetings, which could include a case aide, parent aide, behavioral health professionals, other attorneys, CASA, probation officer, former placements, or birth family members.

NOTE: The child's family and personal connections are recorded in the Contacts section.

(role/relationship)	
Office Phone	
Mobile Phone	
Email	

(role/relationship)	
Office Phone	
Mobile Phone	
Email	

(role/relationship)	
Office Phone	
Mobile Phone	
Email	

(role/relationship)	
Office Phone	
Mobile Phone	
Email	

(role/relationship)	
Office Phone	
Mobile Phone	
Email	

Respite Tracking Worksheet

Respite source _____
(regular foster family respite, behavioral health, DDD, or other source)

Dates in/out	Time in/out	Provider	Hours used	Hours available

NOTE: Each foster family is allotted 144 hours of respite per year. Each child in foster care may also be individually eligible for other types of respite through behavioral health, DDD, or other sources. If the child is also eligible for habilitation hours, you can also track those using this worksheet.

A copy of this worksheet should be placed into your Foster Family Records Notebook to track your foster family respite, which is per family rather than per child. **Place a copy of this worksheet into the Psych section of this notebook to track behavioral health respite. For DDD respite, place a copy into the DDD section. And so on.**

Child Intake

Information and records provided during the child-family matching process and at **time of placement** into your home.

- Notice to Provider, completed and signed by caseworker [FC06900 FC-069]**
- Information received about the child before placement into your home
 - Your notes from disclosure meetings and records provided before placement
 - Emails and documents received about the child before placement

NOTE: Before transferring *this notebook* to the *next* placement provider, it is a good idea to go through these pre-placement notes for accuracy and updates.
- [Child Information Guide \(Word\) \[FC13000 FC-130\]](#) completed by last placement
- [Basic Wardrobe Checklist\(s\) \(Word\)](#) completed by last placement (if provided)
- [Basic Wardrobe Checklist](#) completed by you *immediately* upon placement [FC-010-FF]
- [Notice of Rights for Children and Youth in Foster Care \(PDF\) \[FSC-1037A\]](#)

NOTE: Each child **age 10 and older** *must* have a copy of the Notice of Rights for Children and Youth in Foster care [FSC-1037A], including contact information on Page 2 for child's legal representative and caseworker. Providers *must* retain an additional copy that has been signed by the child.

- Relevant placement agreement documents, when applicable:
 - [Child Placement Summary/Agreement \[FC01100 FC-011\]](#)
 - [Child Placement Summary/Agreement \[DDD-1371AFORPF\]](#)
 - [Foster Adoption Agreement \[FC-074\]](#)

Child Progress Notes & Significant Incidents

Records of the child's life while placed in your home, including records of the child's life and significant incidents outside of the home, such as at school, at visits, in the community, and so on.

- Weekly progress notes** (recorded by you, sent to child and family team each week)
- Significant Incident (SI) reports** (Word) [FC-122] after placement into your home

Send weekly progress notes to the Child and Family Team: You can email the weekly update, and then print and store each update here (**store any supporting documentation in the corresponding section**). Include at least a sentence or two about the child's significant events, activities, behaviors, challenges, needs, and progress across any applicable categories:

- visitation and contact with birth family
- behavioral health progress, services, and observed behaviors
- disclosures of new information
- educational progress
- extracurricular activities and hobbies
- social and community activities
- medical, dental, and vision updates
- medication updates
- developmental progress
- upcoming appointments and meetings for the child
- incidents, accidents, and injuries
- significant incidents

Incident Reporting Requirements

Report to (1) Hotline, (2) Child and Family Team, and (3) licensing agency within 2 hours:

Death, serious illness or hospitalization, non-accidental injury, allegations/signs of maltreatment, acute/crisis psychiatric care, house fire, emergency requiring evacuation of the foster home, unexplained absence, runaway/missing, or unauthorized removal or attempted removal of child from the foster home.

Report to (1) Hotline, (2) Child and Family Team, and (3) licensing agency within 24 hours:

Any event that qualifies for a Serious Incident Report, including

- an accident involving injury or trauma or unexplained marks or bruises
- emergency room treatment
- unauthorized visitation
- behaviors not previously witnessed
- significant information not previously known
- contact with police
- damage or theft of property
- any other unusual circumstance or incident that might seriously affect the health, safety, or the physical or emotional well-being of a foster child

Report to licensing agency within 48 hours: law enforcement involvement, serious illness or hospitalization of household member, change in family composition, absence of one foster parent for more than 7 days.

Child and Family History

Information about the child's life *before placement into your home*, including your notes and records, records from previous foster families, records from DCS, and so on.

- Reason for coming into care
- Information on child and family history, including birth family, significant persons in the child's history, community connections, and history of trauma
- Child Placement/Information Report [LCH102, printed by CW]
 - Previous placement information (dates, relevant info, locations)
 - Reason for leaving each placement and details of any disruptions
 - Group home or foster home reports, *if applicable*
 - Information about any times the child was in foster care previously
- Significant Incident (SI) reports (Word) [FC-122] from *past* placements
- Records of *past* significant case-related activities, incidents, events, and meetings
- Team Decision Meeting (TDM) documents
- Cultural practices and religious involvement of the child and family
- Your notes about disclosures and significant incidents that happened before being placed in your home (including new information learned after placement into your home).*

The Child's History: When the child tells any story from his or her past or any story about his or her family, **write the it down** in this section. It is important to help children and youth maintain a healthy connection to the past and the people who have been important in their lives. Keep a log. Write it down. Create a record of the child's life. Memories and connections to life history are important to help a child integrate past experiences with present circumstances in a healthy, constructive manner.

As an Arizona foster parent, you are mandated by law to report suspected child abuse and neglect to the appropriate authorities. Document new disclosures of maltreatment, including the following information:

- date, time, and place when information was disclosed
- who disclosed the information
- whom the information was disclosed to
- any information regarding the date, time, and place of the incident
- information about the perpetrator, victim, witnesses, and others who were involved
- a description of the incident—what happened, what was disclosed
- **if suspected maltreatment happened *after the child was placed in your care***, you also need to file a Significant Incident Report (see the previous section of this notebook)

Steps to report maltreatment:

1. If sexual abuse is alleged, call the police, and file a report.
2. Next, for all types of maltreatment (including sexual abuse), call the Hotline.
3. Then, email the Child and Family Team (including your licensing worker).

Legal

- Copy of case plan
- Court case numbers (dependency, juvenile delinquency, adoption)
- Dates and times for upcoming court hearings
- Most recent Foster Care Review Board (FCRB) report
- Date and time for next FCRB review
- Court minute entries setting future hearings (request CW add you to "Attachment A")
- CASA reports, correspondence, and other CASA-related documentation, if applicable
- Juvenile delinquency records, if applicable (request from the probation officer)
- Court Activity Log (attached blank form helps you track court activity)

Current case plan

(reunification, severance and adoption, long-term foster care, guardianship)

JD # _____ (juvenile dependency court case number)

JV # _____ (juvenile delinquency court case number, if applicable)

JA # _____ (juvenile adoption court case number, if applicable)

NOTE: Siblings usually share the same JD number when they come into care together. The child will only have a JV number if delinquency proceedings apply. If filing for adoption, the case will be assigned a JA number, which your adoption attorney will provide to you.

Next court hearing _____ / _____ at _____ : _____ AM/PM

Type of hearing _____

Judge _____

Courthouse/Courtroom _____

Address _____

NOTE: If court hearing info is not provided by caseworker, call GAL for hearing date/time. Also, request the caseworker add you to Attachment A in the court report so that you will receive future minute entries.

Next FCRB hearing _____ / _____ at _____ : _____ AM/PM

Last FCRB hearing _____ / _____

NOTE: If FCRB hearing date is not provided, call 602-452-3400 (Phoenix region) or 520-388-4300 (Tucson region) to get FCRB hearing information.

Court Activity Log for _____ (name)

JD# _____ (dependency) JV# _____
(delinquency)

Date	
Type of Hearing	
Next hearing date	
Rulings/Outcome	

Date	
Type of Hearing	
Next hearing date	
Rulings/Outcome	

Make copies of this page to record notes about additional hearings.

Psychological and Psychiatric

- Information about current or potential behavioral health challenges and special needs
- List of current, past, and pending psych services and providers
- Request from the child's behavioral health case manager:
 - Child and Family Team (CFT) meeting reports
 - Therapeutic service plans, treatment summaries, and progress reports
 - Crisis/safety plan(s), if applicable
- Upcoming therapeutic and psychiatric appointments (form below)
- Records of psychological and/or psychiatric evaluations and assessments
- Behavioral Treatment Plans and other HCTC records, if applicable
- Behavior log/chart (example layout attached)
- Evidence of psychiatric appointment ("med check") scheduled within 30 days of placement, if the child is currently taking or needs psychiatric medications

Upcoming Psych Appointments

Date/Time _____

Provider _____

Phone _____

Address _____

Date/Time _____

Provider _____

Phone _____

Address _____

Date/Time _____

Provider _____

Phone _____

Address _____

Date/Time _____

Provider _____

Phone _____

Address _____

Psych Services

Psych services could include therapy, behavior coaching, psychiatric services, DBT, in-home services, group therapies, and so on.

Type of service	Provider	Contact information

Example of a behavior chart layout

Date/ time/location	Trigger	Behavior	Child's reaction	Foster parent's reaction

NOTE: Tracking behaviors, triggers, and reactions for children who have experienced trauma will help you and the child begin to identify triggers. Share this documentation with the child's therapist and caseworker.

Medications

- A# for psych medications insurance coverage (found on back of CMDP insurance card)
NOTE: Call 602-351-2245 to request A number and copy of CMDP insurance card.
- List of current medications, with instructions including dosage and prescriber info
 - Info on medication concerns, untreated side effects, and special needs
- Daily Medication Log to document *all* medications (including OTC) given to the child
- Receipts and pharmacy info sheets for prescriptions
- Other medication documentation required by licensing agency, school, or daycare

CMDP# _____ **A#** _____
(medical insurance number on front of card) (number on back of card for psych meds)

Over-the-counter medications: You must have written permission from a doctor to give any medications—prescription or over the counter—to a child in foster care. Over-the-counter medications can be preauthorized by having the PRN Medications form signed by a doctor. Prescription medications are authorized by the prescription itself.

Documenting medication: You must record on the Medication Daily Log every time you give medication, whether prescription or over-the-counter, to a child in foster care.

Current Medications

Medication	Dosage	Instructions	Notes

Medical

- Upcoming medical appointments (blank form attached)
- List of current/past medical providers (blank form attached)
- Child's Health and Medical Record, completed by previous caretaker [FC-014]
- Info on any medical concerns, untreated symptoms, and special needs
- Medical Summary Report (caseworker prints from AzDCS information system)
- Birth records (birth parent information will be redacted)
- CMDP insurance card (call 602-351-2245 to have card mailed to you)
- Immunization records (obtain from AZ Dept of Health Services)
- Medical records (including primary care, specialists, hospitals, and emergency care)
- Child's Health and Medical Record, *blank to be completed as applicable* [FC-014]
- Medical Equipment and Supplier Log, *if applicable*
- Evidence of comprehensive medical exam (EPSDT) within 30 days of placement
- Evidence of comprehensive medical exam (EPSDT) once per year after placement

CMDP# _____

(medical insurance number on front of card)

Notes about signing medical forms

Foster care providers are **authorized to consent** to the following:

- evaluation and treatment for emergency conditions that are not life threatening
- routine medical and dental treatments/procedures (including EPSDT services)
- services by health care providers to relieve pain or treat symptoms of common childhood illnesses or conditions

Foster care providers are **prohibited from consenting** to the following: general anesthesia, surgery, testing for HIV, blood transfusions, abortions, or abortion related treatments. Foster care providers **may give emergency consent** for the aforementioned procedures **if and only if** the emergency room physician or medical provider advises that immediate treatment is necessary and further delay of treatment in order to notify AzDCS is potentially harmful to the child.

Some providers may request the AzDCS Caseworker, as the legal guardian of the child, to be present to sign to authorize some services. This is often applicable for hospitalizations, psychological evaluations, behavioral health intakes, and new treatments.

Health Care Providers Contact Info

Make copies of this page to record more doctors in your child's notebook of records.

Primary care physician _____

Phone (_____) _____ - _____

Address _____

Last seen _____ / _____ / _____

Last full physical _____ / _____ / _____ *(if known, PCP can give you this date)*

Other specialist _____

Phone (_____) _____ - _____

Address _____

Last seen _____ / _____ / _____

Other specialist _____

Phone (_____) _____ - _____

Address _____

Last seen _____ / _____ / _____

Other specialist _____

Phone (_____) _____ - _____

Address _____

Last seen _____ / _____ / _____

Upcoming Medical Appointments

Medical appointments pending upon placement.

Date/Time _____
Provider type _____
Provider _____
Phone _____
Appt location _____

Date/Time _____
Provider type _____
Provider _____
Phone _____
Appt location _____

Date/Time _____
Provider type _____
Provider _____
Phone _____
Appt location _____

Developmental

- Information on developmental delays and special needs
- Developmental/DDD records (OT, PT, speech, feeding therapy, progress notes, etc.)
- Developmental assessments (including AzIEP), *if applicable*
- Individualized Service Plans (including DDD and/or ALTCS), *if applicable*
- Adaptive Equipment and Supplier Log, *if applicable*

DDD/CHILDS# _____

DDD Case Manager _____

Provider/Company _____

Email _____

Phone (_____) _____ - _____

ALTCS# _____

DDD/ALTCS Case Manager _____

Provider/Company _____

Email _____

Phone (_____) _____ - _____

Insurance provider _____

Insurance # _____

(if on a DDD insurance plan, then the child may have a different provider than CMDP)

Developmental/DDD/ALTCS Providers

Make copies of this page to record more service providers for developmental services, including developmental pediatrician, neuro specialists, occupational therapy (OT), physical therapy (PT), feeding therapy (FT), and so on.

Provider/therapist _____

Provider/Company _____

Email _____

Phone (_____) _____ - _____

Provider/therapist _____

Company _____

Email _____

Phone (_____) _____ - _____

Provider/therapist _____

Company _____

Email _____

Phone (_____) _____ - _____

Provider/therapist _____

Company _____

Email _____

Phone (_____) _____ - _____

Upcoming DDD/ALTCS/Developmental Appointments

DDD/ALTCS/developmental appointments pending upon placement.

Date/Time _____

Provider type _____

Provider _____

Phone _____

Appt location _____

Date/Time _____

Provider type _____

Provider _____

Phone _____

Appt location _____

Date/Time _____

Provider type _____

Provider _____

Phone _____

Appt location _____

Dental

- Upcoming dental appointments (date and time, provider, address)
- Info on any dental concerns, untreated symptoms, and special needs
- List of current (and past, if applicable) dental providers
- Records of dental care
- Evidence of routine dental exam appointment within 30 days of placement (ages 3+)
- Evidence of routine dental exams every 6 months after placement (ages 3+)

CMDP# _____

(medical insurance number on front of card)

Foster care providers are **authorized to consent** to evaluation and treatment for emergency conditions that are not life threatening; routine medical and dental treatments/procedures (including EPSDT services); services by health care providers to relieve pain or treat symptoms of common childhood illnesses or conditions.

Some providers may request the AzDCS Caseworker, as the legal guardian of the child, to be present to sign to authorize some services. This is often applicable for hospitalizations, psychological evaluations, behavioral health intakes, and new treatments.

NOTICE: Foster care providers are **prohibited from consenting** to general anesthesia, surgery, testing for HIV, blood transfusions, abortions, or abortion related treatments. Foster care providers may give **emergency consent** for the aforementioned procedures **if and only if** the emergency room physician or medical provider advises that immediate treatment is necessary and further delay of treatment in order to notify AzDCS could cause serious harm to the child.

Dental Care Providers Contact Info

Current dentist _____

Phone (_____) _____ - _____

Address _____

Last seen ____ / ____ / ____

Other specialist _____

Phone (_____) _____ - _____

Address _____

Last seen ____ / ____ / ____

Upcoming Dental Appointments

Dental appointments pending upon placement.

Date/Time _____

Provider _____

Phone _____

Address _____

Date/Time _____

Provider _____

Phone _____

Address _____

Date/Time _____

Provider _____

Phone _____

Address _____

Date/Time _____

Provider _____

Phone _____

Address _____

Vision and Eye Care

- Upcoming vision appointments (provider, address, date, and time)
- Info on any vision/eye care concerns, untreated symptoms, and special needs
- List of current (and past, if applicable) eye care providers
- Records of eye care, including prescriptions for eyeglasses and contacts
- Evidence of eye care exam within 30 days of placement into your home
- Evidence of eye care exam every 12 months after placement into your home

Vision _____ / _____

Glasses yes / no

Contacts yes / no

Eye care provider _____

Phone (_____) _____ - _____

Address _____

Last eye exam _____ / _____ / _____

Upcoming appointment (date/time) _____

Upcoming Eyecare and Vision Appointments

Eye care and vision appointments pending upon placement into your home.

Date/Time _____

Provider _____

Phone _____

Address _____

Date/Time _____

Provider _____

Phone _____

Address _____

Education

- Current and past schools attended with dates of attendance (if known)
- Current school schedule
- Current school calendar with holidays, early release, and special events
- Contact information for current teachers, counselor, and attendance office
- Report cards
- Current (and past) IEP/504 Plan (if applicable)
- Records of scholastic achievements, certificates, honors, and awards
- Transcripts (request from each school, unless current school has all records)
- Attendance records (request from each school, unless current school has all records)
- Discipline records and incident reports (request from each school)
- Correspondence to/from school
- Notes from school meetings

Schools Attended

School/District	City/State	Grade Years	Dates

NOTICE: You must enroll the child into school within 5 days of placement into your home.

Current School Info

Enrolled at _____ (for current placement)

Grade _____ School hours ____:____ AM - ____:____ PM

Attendance Staffer

Office Phone _____

Email _____

School Counselor

Office Phone _____

Email _____

Homeroom Teacher

Office Phone _____

Email _____

Teacher

Office Phone _____

Email _____

Teacher

Office Phone _____

Email _____

Teacher

Office Phone _____

Email _____

Contacts, Communication, & Correspondence

- Visitation arrangements, plans, and limitations:
 - Upcoming scheduled visits and transportation arrangements
 - Information on limitations of visitation with birth family and others (for example, supervision rules, type of contact allowed such as phone-only)
 - Contact information necessary to facilitate visitation or shared parenting
 - List of “no contact” persons (preferably listed on the Notice to Provider)
 - Specific to the child, what the foster family is expected to provide
- Contact info for birth family and significant persons *in child's life* (when applicable)
 - birth parents (if contact is appropriate)
 - siblings
 - other birth family members (if contact is appropriate)
 - previous caretakers (if contact is appropriate)
 - community connections (teachers, mentors, pastors/ministers)
 - friends
- Child's Contact Record (Word) [FC12700 FC-127] completed by last placement
- Child's Contact Record (Word) [FC12700 FC-127] (blank, for current placement)
- Correspondence received or sent concerning child (that doesn't fit other sections)

Children in foster care have a right to visitation with siblings. Be sure that you request contact information for caretakers of siblings, and reach out to facilitate visitation.

Note: It is important to keep a log of the child's contact with members of the Child and Family Team, members of the birth family, previous caretakers, and others. Also, be sure to record any differences in behaviors that are observed before and after visitation. Be sure to include information about visits and associated behaviors in your regular updates to the Child and Family Team.

Contact Information for Child's Connections

Make copies of this page to record more contacts.

(relationship)	(name)
Phone	_____
Phone	_____
Email	_____
Address	_____
City/State	_____
Contact restrictions	_____
Notes	_____

(relationship)	(name)
Phone	_____
Phone	_____
Email	_____
Address	_____
City/State	_____
Contact restrictions	_____
Notes	_____

(relationship)	(name)
Phone	_____
Phone	_____
Email	_____
Address	_____
City/State	_____
Contact restrictions	_____
Notes	_____

Memories

- Keep photographs, diaries, journals, souvenirs, photo albums, scrapbooks, art projects, etc. to send with the child when they leave your home to help the foster child retain a memory of life in your home, the child's personal history, and a life record

Lifebooks: A lifebook records memories and life events, beginning at birth and going through the present day. When the child tells stories from his or her past, write them down in this section so that you can incorporate these memories into the child's Lifebook later. It is also important to have the AzDCS Placement History report (stored in the History section) of the child to help develop the lifebook, which helps children in foster care integrate past experiences with present circumstances in a healthy, constructive manner. Lifebooks help children and youth maintain a healthy connection to their past and the people who have been important in their lives. Keep a log. Write it down. Save memorabilia. This is the child's life. Memories and connections to life history are important.

Tip: Punch holes into a letter-sized (8"x10") manila envelope and place it in this section to store small pieces of memorabilia, such as movie tickets, school events programs, and so on.

Allowance & Savings

- [Allowance Sign-off Ledger \(Word\) \[FC12800 FC-128\]](#) (children ages 6+ must sign)
- Any documentation of child's personal money – savings, spending, bank accounts, etc.

Note: Children ages 3 and up in foster care are provided with a monthly allowance from the state, which must be given to the child to teach the child budgeting and saving skills. These funds are not meant to be used for the child's basic care. Check your billing statement each month for the exact amount. The child must sign the Allowance Sign-Off Ledger each time you give them allowance funds.

Tip: Punch holes into a letter-sized (8"x10") manila envelope and place it in this section to store the child's cash savings. You can keep a ledger of savings—money in and money out—right on the front of the envelope.

Receipts

- [Purchase Ledger \(Word\) \[FC12600 FC-126\]](#)
- [Basic Wardrobe Checklist \[FC-010\]](#) (inventories that you complete each quarter)
- Records/receipts of money that you spend on the child while placed with you
- Records/receipts of adoption related expenses and fees
- Copies of reimbursements and payments from AzDCS, tribe(s), TANF, Social Security, nonprofit organizations, and any other income for the child.
- Copies of any Provider Indemnity Program (PIP) claims and reimbursements for bodily injury or property damage caused by the actions of the child or by caring for the child.

Note: If you are licensed as a foster parent, you must maintain records and copies of receipts of what you spend on the child to show that the monthly reimbursement that the state provides to you is being spent *on the child*.

NOTICE: A portion of the monthly reimbursement is allotted as a clothing allowance to be spent on the child's wardrobe. This ranges from \$0.53 per day to \$1.02 per day. You can also request up to \$150 per year for an Emergency Clothing Allowance.