TUSCARAWAS COUNTY JOB & FAMILY SERVICES
CHILD CARE INVOICE FOR FOSTER CHILD

_____ _____
Month Year

Provider: _____ **Address:** _____

_____

_____ _____

Child's Name: _____ ☐ **IV-E** ☐ **Non-IV-E**

_____ _____
(Foster Parent's Name) **(Foster Parent's Name)**

NOTE: The only hours billable to this program are when **both** foster parents are at work or engaged in a required activity.

DAILY ATTENDANCE DATES/TIMES

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	Attendance Date/ Begin End Times	Attendance Date/ Begin End Times	Attendance Date/ Begin End Times	Attendance Date/ Begin End Times	Attendance Date/ Begin End Times	Attendance Date/ Begin End Times	Attendance Date/ Begin End Times
WEEK 1							
WEEK 2							
WEEK 3							
WEEK 4							
WEEK 5							

ITEMIZATION

Registration Date: _____ and Fee: _____ = _____

Miscellaneous (explain): _____ and Fee: _____ = _____

Number of Hours: _____ X Unit Rate: _____ = _____

Number of Part-time Weeks: _____ X Unit Rate: _____ = _____

Number of Full-time Weeks: _____ X Unit Rate: _____ = _____

TOTAL COST/PAID AMOUNT = _____

Approved by Business Office _____

Business Office Codes: _____ _____ _____

Return to:	Tuscarawas County Job & Family Services Business Office 389 16th Street, SW New Philadelphia, Ohio 44663	**OR**	**Fax to:**	330-308-7750