

**TUSCARAWAS COUNTY JOB & FAMILY SERVICES  
FOSTER PARENT MONTHLY WORK OR REQUIRED ACTIVITIES SCHEDULE  
FOR CHILD CARE PURPOSES**

\_\_\_\_\_  
Foster Child's Name

\_\_\_\_\_  
Child Care Provider's Name

Foster Parent(s): \_\_\_\_\_

Place of Employment, \_\_\_\_\_  
WEP Site, or

Required Activity: \_\_\_\_\_

Month: \_\_\_\_\_

Year: \_\_\_\_\_

In the calendar below please enter the **Activity Date** in the upper part of the row (above the dotted lines) and the **Begin/End Times** in the lower part of the row (below the dotted lines), for each day of each week that applies.

	<b>SUNDAY</b>	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>	<b>SATURDAY</b>
	Activity Date/ Begin End Times	Activity Date/ Begin End Times	Activity Date/ Begin End Times	Activity Date/ Begin End Times	Activity Date/ Begin End Times	Activity Date/ Begin End Times	Activity Date/ Begin End Times
<b>WEEK 1</b>							
<b>WEEK 2</b>							
<b>WEEK 3</b>							
<b>WEEK 4</b>							
<b>WEEK 5</b>							

I certify that the above are the actual hours that I worked, completed a WEP site assignment, or attended a required activity. If I used child care **to perform private business**, I understand that I am responsible to advise the child care provider of this, and **I am responsible for private pay for this time period while performing private business.**

\_\_\_\_\_  
Foster Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Foster Parent's Signature

\_\_\_\_\_  
Date

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