

**House of New Hope
MONTHLY ALLOWANCE/CLOTHING LOG**

Youth's Name: _____

Month/Year: _____

ALLOWANCE LOG

DATE	AMOUNT GIVEN TO CLIENT	IDENTIFY ALTERNATIVE PLAN (Savings, Hobby, Outing, etc.)	AMOUNT TO ALTERNATIVE PLAN	CLIENT INITIALS

CLOTHING LOG

CLOTHING ITEMS PURCHASED	DATE RECEIVED	PRICE	CLIENT INITIALS

I received the above allowance and clothing.

Client Signature

Date

We acknowledge that the above allowance information above is correct. We have verified clothing purchases with receipts.

Foster Parent Signature

Date