House of New Hope

ALLOWANCE & NEW CLOTHING LOG

Client Name: _____

(Include this form with your Monthly Documentation of Treatment. Keep all related receipts in the child's foster home record in the event of an audit)

Allowance Log

Date	$ Amount to Child	$ Amount to Savings, Other	If not to Child, explain	Child initials	Foster Parent initials

New Clothing Log

Date Received	Clothing Item	$ Price	Child's Initials