



House of New Hope

8135 Mt. Vernon Road
St. Louisville, Ohio 43071

Fax: 740.745.3429

Tel: 740.345.5437 (outside of Newark 888.200.1296 toll free)

Child Care Allowance

Foster Parent Benefit:

Maximum of \$125 each quarter per family with copies of child care receipts. Receipts must be dated, signed by the child care provider, and contain the printed name and address of the child care agency/provider. Provider's ODJFS license or county certification must be on file with HONH.

Please submit receipts one time each quarter

Date _____
 Foster Parent _____
 Address _____
 City/State/Zip _____
 Telephone _____

Please check the period covered by these receipts

- January-February-March *Must be received by April 10*
- April-May-June *Must be received by July 10*
- July-August-September *Must be received by October 10*
- October-November-December *Must be received by January 10*

 Foster Parent Signature Date