

INVOICE FOR SERVICES

Kinship Care

TO: **CHIPPEWA COUNTY DEPARTMENT OF HUMAN SERVICES**
711 North Bridge Street, Room 305
Chippewa Falls, WI 54729-1877

Attention: Matt Anderson (Social Worker)

FROM: _____

Child's Name: _____

Address: _____

Services for the month of: _____, **20** _____

Number of days child in my home. _____

If not in caretaker's home for the entire month, where did child stay and during what dates? _____

I, the undersigned caretaker relative, attest to the following:

- ♦ **That** neither I, any other adult resident of this household, nor any employee who would have regular contact with the minor relative identified above, have any arrests or convictions which would adversely affect the minor relative or my ability to care for the minor relative identified above.
- ♦ **That** I will notify the agency prior to the habitation of any other adult in my home and prior to employment of any person who would have regular contact with the minor relative identified above.
- ♦ **That** I will contact the agency prior to or within three (3) working days after the minor relative for whom a Kinship Care payment is made leaves our home.
- ♦ **That** I will assist the agency to the extent possible in referring the parents of the minor relative identified above to the child support agency.

Caretaker Relative Signature:	Date Signed:
Caretaker Relative Signature:	Date Signed:

Signature verifies accurate billing statement for this month.

Return this billing by the 3rd day of the month following month of care.

-For Agency Use Only-		
Vendor #:	SPC Code: 306C	Funding Source: 377
Client #:	Amount of Payment: _____	Worker Completing Form: _____
Action (Court or Vol): _____		

This form can also be downloaded from the Chippewa County Department of Human Services website – Children Youth and Families Division – Foster Care at:

<http://co.chippewa.wi.us/government/human-services/children-youth-and-families/kinship-care>