Resource Parent Monthly Accountability Report

Child's Name: _____ Month/Year: _____

Height: _____ Weight: _____

Date Recorded: _____

Medication Log Needed

☐ Yes ☐ No ☐ Attached

Services Received

Please provide dates, reason, and name of service provider.

Medical/ Dental:	Off Site Birth Family Visits Date, time, participants:	Mental health/Regional Center Services:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

County Worker Contact with Child

Dates of Contact: _____

Finances

Allowance Log Copy to SW? ☐ Yes ☐ No ☐ N/A Receipts Provided to SW? ☐ Yes ☐ No

***$25 Incidentals**: Incidentals may be carried over 3 months. Please document carry over amount and months*

Incidental Items	Date of Purchase	Amount

CARRY OVER AMOUNT
CARRY OVER MONTHS

TOTAL = $

(More space on back)

$92 Clothing: *Clothing purchased must be new. Good condition thrift clothing can be purchased in addition to the requried clothing purchases monthly. Clothing allowance may not be carried over. If all clothing needs are met, diaper purchases are allowed up to a maximum of $40.*

Clothing Items	Date of Purchase	Amount

Total from front= $

TOTAL = $

Respite

Resource Parenting Providing _____ Dates _____ to _____

Form Provided Yes ☐ No ☐ Form Attached Yes ☐ No ☐

Additional Information or Feedback

_____

_____

_____

_____

We (I) certify that the information provided here is correct. I understand that the stipend I receive for the child in my care is for the purposes of offsetting the cost of additional care and needs to benefit the child in my care and is not reportable income. I understand that the children in my care have certain personal rights. I understand the discipline policy. I understand reportable incidents and that I am required to report incidents within 24 hours or sooner. I understand that this document must be submitted by the 5th of the month for timely payment.

Resource Parent Signature **Date**

FFA Staff Verification **Date**