



Pathways Family Services

www.pathwaysfamilyservices.com

Child/Youth Allowance and Medication Record

Foster Home: _____

Child/Youth: _____

Month/Year: _____

The daily Per Diem rate includes the following spending allowance per week:

6 - 8 years = \$2.65 9-11 years = \$6.66 12-15 years = \$10.57 16 - 18 years = \$14.53

5 years old and under (not required)

This spending money is for expenses such as personal items, minor recreation, magazines, tapes, CD's, etc.

ALLOWANCE: Foster Parent(s) is expected to complete this form providing the date, amount given and initials from the foster parent. Children, **ages 10 or older**, are expected to sign for themselves. Should the amount differ from the above guideline, a brief explanation is to be included.

MEDICATIONS: Foster parents are required to document all medications taken by a child/youth. This includes such over-the-counter medications as pain killers and cough medicine. Enter the time, date, time and type of medication taken on the form below and initial. If the child administers his own medication (with worker's approval), the child needs to initial.

Allowance:

Date mm/dd/yyyy	Amount	F.P. Initials	Child/Youth Initials	Explanation (Savings, items purchased, activities, restitution)

