

ORLEANS COUNTY DEPARTMENT OF SOCIAL SERVICES
 14016 Route 31, Albion, NY 14411
FOSTER PARENT'S EXPENSE ACCOUNT

 Foster Parent's Name

 Foster Child's Name

Date of Expense	Item Purchased/Service Provided (Please enclose receipts)	Cost		Category – by Code (For Agency Use)
Total Costs Claimed				
Total Costs Approved				

 Foster Parent's Signature

 Case Supervisor Signature

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