



Treatment Foster Care Pay Request

This form must be submitted with MAR Form & OTC Log

Foster Parent Name _____ Month: _____, 2022

Address _____

KEY: P= Present. R= Respite. B=Child with Bio Family. A=AWOL/Runaway

Child's Name _____ Level of Placement _____ CYFD Custody:Yes / No CYFD Pass-Through:Yes / No

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL

Child's Name _____ Level of Placement _____ CYFD Custody:Yes / No CYFD Pass-Through:Yes / No

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL

Child's Name _____ Level of Placement _____ CYFD Custody:Yes / No CYFD Pass-Through:Yes / No

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Treatment Foster Parent Signature _____ Date

Approved _____ Date

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Official Property of Red Mountain Family Services, Inc.