CORTLAND COUNTY
DEPARTMENT OF SOCIAL SERVICES
FOSTER PARENT DAYCARE SHEET

CHILD'S NAME _____
MONTH OF _____
CASE NUMBER _____

DATES	*REASON FOR DAYCARE	TIME FROM	TIME TO	TOTAL HOURS	$2.10 PER HOUR	DAYCARE PROVIDER SIGNATURE

*work, training, medical, etc

TOTAL $_____

Please submit daycare sheets for reimbursement within 90 days of rendering the services or payment will not be made.

_____
Foster Parent Signature

_____
Supervisor Signature

_____
Caseworker Signature

_____
Director Signature