



**STARK COUNTY JOB AND FAMILY SERVICES
BOARDING HOME STATEMENT**

Foster Parent's Name: _____

For Month & Year of: _____

Address: _____

Phone Number: _____

Zip _____

(Signature of Foster Parent)

CHILD'S NAME	AGE	DAYS IN HOME DURING MONTH	New Placements Only DATE CHILD PLACED IN HOME	PLEASE ANSWER ALL THAT APPLY		
				CHILD RESPITED THIS MONTH	CHILD WENT HOME TO VISIT	CHILD WAS MOVED
				DATE(S): WHERE:	DATE(S):	DATE(S): WHERE:
				DATE(S): WHERE:	DATE(S):	DATE(S): WHERE:
				DATE(S): WHERE:	DATE(S):	DATE(S): WHERE:
				DATE(S): WHERE:	DATE(S):	DATE(S): WHERE:
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				DATE(S): WHERE:	DATE(S):	DATE(S): WHERE:

NOTE: IN ORDER TO RECEIVE YOUR PAYMENT, PLEASE FILL IN THE ABOVE INFORMATION AND SEND TO: STARK COUNTY JOB AND FAMILY SERVICES, CHILDREN SERVICES BOOKKEEPING, 221 3RD STREET SE, CANTON, OH 44702, ON THE LAST DAY OF THE MONTH.

Stark County Job and Family Services is committed to processing Boarding Home Statements as quickly as possible. If the Boarding Home Statement is received in a timely manner from the foster parent, the foster parent should receive the board check within a month. Foster Parents will be informed if it is going to take longer than a month to receive their checks.

MONTHLY CONVERSION CHART

MONTH	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
DAYS IN MONTH	31	28*	31	30	31	30	31	31	30	31	30	31

*Note: During leap year (every 4 years) there are 29 days in February