

MEMORANDUM

To: All Prospective Foster Parents
From: Executive and Fiscal Directors
Date: _____
Subject: FORMS OF PAYMENT

Foster Parent(s):

Please be advised that you cannot receive multiple forms of payment for the child (ren) for which you are providing care.

You may either receive foster care payments through A Second Chance, Inc., Welfare (until certified as a foster parent) or Social Security.

If you are receiving duplicate payments, you must inform your A Second Chance, Inc. / caseworker immediately.

By signing below, this will be our understanding that you are aware of the issues as it pertains to multiple payments.

Kinship Caregiver/ Resource Parent

Date

Kinship Caregiver/ Resource Parent

Date

Witness Signature

Date