

# FOSTER PARENT INCENTIVES CLAIM FORM



This form is to be completed by each Foster Parent, submitted to the Agency and signed by the worker for the purposes of incentive payment.

Training Trainer Name	Enter Date you Attended Training	Submit as taken; paid Jan/Apr/Oct		Check Box	Amount Claimed
		Full day*	\$100		\$
		Half day*	\$50		\$
		Other 1-2 ½ hours*	\$20		\$
		First aid completion	\$100		\$
		CPI Completion	\$200		\$
		CPI recertification	\$100		\$
		BGCFS Support group attendance	\$20		\$
		Evening of dialogue	\$20		\$
*these trainings must be pre approved					

<b>Well Water Testing</b>		Testing completed by Apr 30 & Oct 30 Draw for \$25 gift certificate made May 15 and Nov 15			
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<b>Surprise Incentive</b> **					
**The surprise incentive is selected each year in the fall and announced in March, claims to be submitted following the announcement					

Foster Parent name:			
Foster Parent signature:		Date:	
Worker approval:		Date:	