

FOSTER CARERS EXPENSE CLAIM FORM

Name of foster carer:	SWIFT ID No
ADDRESS:	
NAME OF CHILD/CHILDREN:	SWIFT ID No

In order to streamline the forms used for the centralised payment system for Foster Care allowances, Foster Carers are requested to complete this form for expense claims and enclose all receipts and send it to Sheila Khan in Wirral Fostering Service.

Foster Carers can claim for certain expenses and a list is available from your Supervising Social worker. I would ask Foster Carers to be mindful of the balance between money spent on a child in foster care and how this affects expectations the child may have when he / she returns home to their parents, or to live independently.

NB: To help prevent misunderstandings later, these claims need to be agreed in advance, in the placement agreement meeting or with discussion with your Supervising Social Worker.

Date	Receipts must be attached Items claimed for / Reason for expense	Amount Claimed	Payment In advance required Y / N	Receipt Attached Y / N	3 Estimates included Y / N (is app)	Previously agreed with: Supervising Social Worker (name or names of Meeting)

Name of Social Worker & Locality Office

Signed: Foster Carer: **Date:**

Supervising Social Worker: **Date:**

Budget Holder: **Date:**

FORM NOT FILLED IN CORRECTLY COULD MEAN DELAY IN PAYMENT.