

This information is needed to help give an understanding of how you manage your income as a part of the total picture of your family life. Many of the items listed below may not be met on a monthly basis, and for them it may be convenient to calculate for the yearly amount and divide by 12. Leave blank the items that do not apply to you. This form is to be completed by parents, prospective foster/adoptive parents and relative caregivers.

Applicant	Co-Applicant
Name	Name

RESOURCES			
Savings Account	\$	Checking Account	\$
Other (Specify)	\$	Other (Specify)	\$
Other (Specify)	\$	Other (Specify)	\$

EMPLOYMENT AND MONTHLY INCOME		
	Applicant	Co-Applicant
Occupation		
Employer		
How long in current position?		
Gross Monthly Income from Employment	\$	\$
Additional Monthly Income (Give Source)	\$	\$
Total Combined Monthly Income	\$	
Applicant	Co-Applicant	

Monthly Expenditures		
Home payment:	Rent	\$
	Home Mortgage	\$
Utilities:	Electricity	\$
	Water	\$
	Telephone	\$
	Heating/Cooling	\$
	Gas	\$
Insurance:	Homeowner's or Renter's	\$
	Medical	\$

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.
Distribution: Foster Parents/Adoptive Parents/ Caregivers

	Car	\$
	Life	\$
Installment Payments for:	Credit card	\$
	Personal Loans	\$
	Other (specify)	\$
Other Expenses:	Food	\$
	Clothing	\$
	Medical and Dental	\$
	School Expenses	\$
	Recreation	\$
	Church and Charity	\$
Other (specify)		\$
Other (specify)		\$
	Total Monthly Expenditures:	\$

Applicant's Signature

Date

Co-Applicant's Signature

Date

Proof of Income on File: Yes No

Home Study Writer's Verification Signature

Date

**INSTRUCTIONS FOR USE OF FORM
CS-0431
Monthly Family Income and Expenditures**

The purpose of this form is to verify financial stability of foster parent applicants and co-applicants in accordance with DCS policy 16.4 Foster Home Approval during initial approval.

This form is also completed during re-assessment in accordance with DCS 16.8 Responsibilities of Approved Foster Home.

DCS staff should verify proof of income by obtaining copies of one or more of the following

1. current check stubs (no more than 60 days old)
2. tax return (current or previous year)
3. Social Security, retirement or disability statements (no more than 60 days old)
4. Written statements (preferably notarized) from legal entities, financial institutions or other persons related to inheritance, structured settlements or trusts.
5. Written statement (preferably notarized) from persons who provide monetary support to foster parent applicant/co-applicant specifying the amount of support they provide each month.

Documents are to be placed in the Foster Home File (see DCS policy 16.23 Foster Home Case Files)

Foster care payments or subsidy payments (adoption assistance or subsidized permanent guardianship) are not considered income and are not to be included on this form.