

**INITIAL CLOTHING ALLOWANCE
REIMBURSEMENT INVOICE**

**PLEASE SUBMIT WITHIN 30 DAYS OF CLOTHING PURCHASE
(Instructions on reverse side)**

DATE: _____

DOB: _____

CHILD'S NAME: _____

AMOUNT OF CLOTHING ALLOWANCE: _____

SIGNATURE OF PURCHASER: _____

PROVIDER NAME: _____

ADDRESS: _____

PHONE: _____

(Note: All sales receipts must accompany this sheet.)

Please Print:

ITEM(S) PURCHASED		PLACE PURCHASED	QUANTITY	PRICE	TOTAL
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
AGE		AMOUNT		SUBTOTAL	
0 - 4		Up to \$225.00		TAX	
5 - 11		Up to \$263.00		TOTAL	
12+		Up to \$300.00			

FOR OFFICE USE: Date Paid: _____
PROVIDER # _____

RETURN TO:

HHS FISCAL
Outagamie County Department of Health & Human Services
Fiscal Unit
320 S. Walnut St.
Appleton, WI 54911

A clothing allowance may be paid upon a child's initial placement in foster care. The amount of the allowance shall be the actual cost of the clothing not to exceed a maximum as determined by the Department*. The placement of a child in foster care 120 days or more after the child has been removed from foster care shall be considered an initial placement. *Wisconsin Administrative Code DCF 56.09 (5).*

*The Wisconsin Department of Health and Family Services has established the maximum rates applicable as follows:

<u>Age of Child</u>	<u>Amount</u>
0 – 4	\$225.00
5 – 11	\$263.00
12+	\$300.00

Dear Foster Parent:

Please verify the eligibility of your foster child for an initial clothing allowance prior to incurring any costs. The social worker assigned to the child should be contacted for this verification.

If the child is eligible, please apply the current age of the child to the chart above to determine the total amount of initial clothing allowance available. This allowance can be accessed with one invoice (see reverse side of this form) or with several invoices.

Reimbursement of Purchases

- **ORIGINAL Receipts must be submitted within 30 days of purchase to be eligible for reimbursement.**
- **Receipts must be signed by the purchaser.**
- **Please circle or underline the items for the child with a pen. DO NOT USE HIGHLIGHTERS. If more than one child is on a receipt, designate items purchased for each child using their initials.**
- **Fully complete the invoice and staple the receipt(s) that relates to each item listed.**
- **Mail the completed invoice and receipt(s) to the name and address on the front of this invoice.**
- **Complete invoices will be paid within 30 days. Incomplete invoices will be returned for completion prior to reimbursement.**
- **If clothing is purchased second hand, an itemized receipt is also required.**
- **If you receive a discount or percentage off the total, please remember to include that in your calculations.**

Reimbursements will only be made up to the maximum amount for which the child is eligible. Please contact HHS Fiscal at (920) 832-4741 if you have questions about the amount available for reimbursement.