

900 West Norfolk Avenue
Norfolk, NE 68701



Phone: 402-370-3140
Fax: 402-370-3373

YOUTH: _____

DATE: ____ / ____ / ____

FOSTER PARENT (S): _____

CLOTHING/PERSONAL ITEM LOG

| Date | Item Description | Amount | Initials | |
|------|------------------|--------|----------|-------|
| | | | F.P | Youth |
| | | | | |
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ALLOWANCE LOG

| Date | Amount | Foster Parent Initials | Youth Initials |
|------|--------|------------------------|----------------|
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* Must be submitted by the end of each month.