S-4 (REV. 7/11)

STARK COUNTY JOB AND FAMILY SERVICES

BOARDING HOME STATEMENT

Foster Parent's Name: ______________________ For Month & Year of: ______________________

Address: ______________________ Phone Number: ______________________

______________________ Zip ________ ______________________

(Signature of Foster Parent)

CHILD'S NAME	AGE	DAYS IN HOME DURING MONTH	PLEASE ANSWER ALL THAT APPLY CHILD RESPITED THIS MONTH	CHILD WENT HOME TO VISIT	CHILD WAS MOVED
			DATE(S): WHERE:	DATE(S):	DATE(S): WHERE:
			DATE(S): WHERE:	DATE(S):	DATE(S): WHERE:
			DATE(S): WHERE:	DATE(S):	DATE(S): WHERE:
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NOTE: IN ORDER TO RECEIVE YOUR PAYMENT, PLEASE FILL IN THE ABOVE INFORMATION AND SEND TO: STARK COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES, CHILDREN SERVICES BOOKKEEPING, 221 3RD STREET, CANTON, OH 44702, **ON THE LAST DAY OF THE MONTH.**

The Stark County Department of Job and Family Services are committed to processing Boarding Home Statements as quickly as possible. If the Boarding Home Statement is received in a timely manner from the foster parent, the foster parent should receive the board check within a month. Foster Parents will be informed if it is going to take longer than a month to receive their checks.

MONTHLY CONVERSION CHART

MONTHS	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
DAYS IN MONTH	31	28	31	30	31	30	31	31	30	31	30	31

*Note: During leap year (every 4 years) there are 29 days in February