

Education Reimbursement

Foster Parent(s): _____ Date Held: _____

Educational Activity: _____

Educational books, etc.: _____

Amount to be Paid: \$ _____

Person/Organization to be Paid: _____

Address: _____
(if other than yourself)

Foster Parent Signature

Date

KFF Worker Signature

Date

Please attach all receipts or proof of payment.

NOTE: Reimbursement may be delayed if some form of proof of payment is not attached.