



Shadow Mountain Behavioral Health System

Therapeutic Foster Care

Foster Parent Financial Statement

A. Employment

Father: _____
Current Employer Occupation Hire Date

Employer Address: _____ Phone Number: _____

Previous Employment: _____

Mother: _____
Current Employer Occupation Hire Date

Employer Address: _____ Phone Number: _____

Previous Employment: _____

B. Income:

Father's Take Home Pay: \$ _____ Mother's Take Home Pay: \$ _____

Additional sources of income. Include child support, adoption subsidy, etc.

Source: _____ Amount: \$ _____ Per: _____

Source: _____ Amount: \$ _____ Per: _____

Total Household Monthly Income: \$ _____

Number of people support on this income: _____

C. Expenses:

List average monthly expenses.

\$ _____ Mortgage / Rent	\$ _____ Charge Accounts
\$ _____ Child Support	\$ _____ Clothing
\$ _____ Automobile Payment	\$ _____ Medical / Dental
\$ _____ Automobile Payment	\$ _____ Car Maintenance / Gas
\$ _____ Utilities	\$ _____ Recreation / Entertainment
\$ _____ Phone	\$ _____ Charitable Contributions
\$ _____ Food	\$ _____ Other

\$ _____ Total Monthly Expenses

****Please attach a copy of all sources of income received.***

 Father's Signature

 Date

 Mother's Signature

 Date