

FOSTER \ KINSHIP CARE VOUCHER

SEND TO:

Name:	
Address:	
Phone:	
Email:	

Northampton County Children, Youth & Families	
Human Services Building	
2801 Emrick Boulevard	
Bethlehem, PA 18020	Fax #610-829-2406
CYFVouchers@northamptoncounty.org	

Month of:

							3) Sub Total (1 * 2)	4) Other Expenses	5) Explain Receipts	Total (3+4)	Office Use only Grand Total
Last	First	Age	Start Date	End Date	1) # Days	2) Rate					

MILEAGE									Overnight visits with whom (count nights)		
Date	Initials of child(ren) being	Start-Destination-End	Reason\Visit with whom	Beginnng Odometer	Ending Odometer	# of Miles	Total # of Miles	Childs Initials	Nights	Whom	

I certify the services were actually rendered and the rates are in accordance with the Children, Youth & Families Division agreement.

Provider Signature

Date