

MONTHLY ALLOWANCE AND CLOTHING MONEY DISTRIBUTION

Child's Name _____ Month _____ Year _____

ALLOWANCE

Starting Balance	Date	Allowance amount given	Signature
\$			
\$			
\$			
\$			
\$			
\$			
\$			
\$			
\$			
\$			

CLOTHING ALLOWANCE

Starting Balance	Date	Allowance amount given	Signature
\$			
\$			
\$			
\$			
\$			
\$			
\$			
\$			
\$			
\$			

Directions for completing the monthly allowance and clothing allowance distribution form.

Please save all receipts for clothing purchases.

Please have child sign and or initial every time money is disbursed.

Please keep a running balance/total of money that the child has not been issued.

Please assist the child (age appropriate) in budgeting their money for the month.

It is not recommended to give the child all of their allowance at once.

The licensing worker will review these forms at the bi-annual monitoring visit or caseworker may review at their request.