

STATE OF KANSAS



DEPARTMENT FOR CHILDREN AND FAMILIES
FOSTER CARE AND RESIDENTIAL FACILITY
LICENSING DIVISION ADMIN BUILDING
555 S. KANSAS AVE.
TOPEKA, KS 66603

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www.dcf.ks.gov

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GINA MEIER-HUMMEL, SECRETARY

FOSTER FAMILY BUDGET

APPLICANT #1

Name _____ *Current Employment _____

*Gross Monthly Income _____ *Net Income _____

*Other Sources of Income/Resources:

Source: _____

Monthly Net Income: _____

Source: _____

Monthly Net Income: _____

Source: _____

Monthly Net Income: _____

Total Monthly Net Income: _____

APPLICANT #2

Name _____ *Current Employment _____

*Gross Monthly Income _____ *Net Income _____

*Other Sources of Income/Resources:

Source: _____

Monthly Net Income: _____

Source: _____

Monthly Net Income: _____

Source: _____

Monthly Net Income: _____

Total Monthly Net Income: _____

EXPENSES

Expense	Monthly Amount	Fixed or Estimated Amount?
House Payment or Rent		
Medical		
Groceries		
Child Care		
Car Payments		
Credit Card Payments		
Utilities (gas, electricity, water, phone, trash, etc.)		
Clothing		
Entertainment		
Other (use as many spaces as needed)		
Total Monthly Expenses		

Total Monthly Income/Resources \$ _____

Total Monthly Expenses: \$ _____

Difference (positive or negative amount) \$ _____

Number of adults in the home: _____

Number of children in the home: _____
(For renewals, please indicate how many children in the home are foster children.)

Please retain this form and give it to the DCF surveyor at the time of your initial inspection **OR** to your sponsoring agency licensing worker at the time of renewal.

FAMILY FINANCES CAN BE COMPLICATED AND THIS IS A SUMMARY FORM ONLY. PLEASE FEEL FREE TO ATTACH A SHORT EXPLANATORY STATEMENT IF YOU FEEL IT WILL ASSIST IN UNDERSTANDING YOUR FINANCIAL SITUATION.

***Please provide documentation for income of all types. Documentation will only be reviewed. It will not be taken from the foster parents nor maintained by the Division.**

Foster Parent signature Date

Foster Parent Signature Date

DCF Surveyor Date

CPA Staff Date

