**TITLE IV-E MONTHLY BILLING FORM**

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| --- |
| Please complete one form per child for each placement that he or she is in during the billing month and submit to the PSD Tribal Title IV-E Specialist by email or fax. |

**Month/Dates of child’s placement in this home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please note: *If this is an initial placement with this provider,* please ensure that the Foster Care Provider Information Sheet (Attachment E) has been submitted along with a copy of the foster home license.**

**Placement Information**

Foster Parents Name(s):

Physical Address:

Mailing Address:

Current placement setting: \_\_\_\_\_ Regular foster home \_\_\_\_\_ Relative foster home

 \_\_\_\_\_ Specialized foster home \_\_\_\_\_Treatment foster home

 \_\_\_\_\_ Group home/Shelter \_\_\_\_\_ Residential Treatment Center

**In order to be reimbursable, the child’s placement must meet Federal IV-E requirements. The placement must be in a foster care setting which excludes correctional facilities, medical settings and public placements larger than a certain size.**

**Placement Changes**

Reason for placement change (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for discharge (if applicable): \_\_\_\_\_ Reunification with parents \_\_\_\_\_ Adoption

 \_\_\_\_\_ Transfer to other agency \_\_\_\_\_ Guardianship

 \_\_\_\_\_ Emancipation \_\_\_\_\_ Runaway

 \_\_\_\_\_ Death of child \_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date of discharge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Form completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**