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| **GH Logo (3)** | **GRACIOUS HEART RESOURCE FAMILY AGENCY** |

**Allowance Record**

**Child’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Resource Parent Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Allowance distribution is to begin 7 days after placement in the home. Allowance must be distributed weekly.*

**Month/Year***:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ages 5-8** $16 (monthly) **Ages 9-11** $20 (monthly **Ages 12-14** $40 (monthly) **Ages 15-21** $60 (monthly)

|  |  |  |  |
| --- | --- | --- | --- |
| **Date Allowance Received** | **Amount of Money Received** | **Client’s Signature** | **Resource Parent’s Signature** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Where is child’s allowance stored? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. How was the child’s allowance spent? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ASW’s Signature Date**

***This form is to be submitted to the assigned ASW monthly***