

## FOSTER HOME CLAIM FORM

**TO:**

PLACEMENT SUPPORT UNIT  
 GOVERNMENT CENTER  
 2100 3<sup>RD</sup> AVENUE, SUITE 500  
 ANOKA, MN 55303-9945  
 (763) 324-1240

**AFTER THE 1<sup>ST</sup> OF THE MONTH FOLLOWING SERVICE, SUBMIT FORM TO PLACEMENT SUPPORT UNIT FOR PAYMENT**

\_\_\_\_\_  
 Placing Worker

\_\_\_\_\_  
 Name of Foster Home

\_\_\_\_\_  
 Name of Foster Child

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 Birthdate

\_\_\_\_\_  
 Age

\_\_\_\_\_  
 City

\_\_\_\_\_  
 State

\_\_\_\_\_  
 Zip

THE FOSTER HOME AS STATED ABOVE HAS RENDERED SERVICE FOR PERIODS AS FOLLOWS:  
 PLEASE ENTER EACH DATE THAT CHILD WAS IN YOUR HOME FOR THE

MONTH OF \_\_\_\_\_

**MISC APPROVED EXPENSES**

WK OF	SUN	MON	TUES	WED	THU	FRI	SAT
	DATE	DATE	DATE	DATE	DATE	DATE	DATE

Date	Description	amount

I declare under penalty of law that this claim is just and correct and no part of it has been paid. That these services have been rendered to the above-named foster child during the period specified.

\_\_\_\_\_  
 Signature of Foster Parent

\_\_\_\_\_  
 Date

**(Cannot be dated or postmarked prior to the last date of service)**

If interested in **DIRECT DEPOSIT**, please email your request to [PSU@co.anoka.mn.us](mailto:PSU@co.anoka.mn.us). In the subject line, please write **DIRECT DEPOSIT**. You will receive instructions on how to proceed.

**FOR OFFICE USE ONLY:**

Vendor # \_\_\_\_\_ Invoice # \_\_\_\_\_ Voucher Amt. \_\_\_\_\_