IOWA HHS

Iowa Department of Health and Human Services
**Foster Care Clothing Allowance**

**To be Completed by the Iowa Department of Health and Human Services**

| Name of Child in Licensed Foster Care | Date |
|---|---|
| | |

☐ A clothing allowance of up to is approved for a child age 0-12 (maximum $500).

☐ A clothing allowance of up to is approved for a child age 13 and older (maximum $750).

Total clothing allowance used (resets annually on licensed foster care entry date):

Reason for purchase (growth, weight change, loss of clothing):

Clothing allowance is limited to reimbursement for clothing for children placed out of home by court order or voluntary placement agreement (VPA) in licensed family foster care, Qualified Residential Treatment Program (QRTP), shelter (CWES), or Supervised Apartment Living (SAL).

| Signature of Supervisor | Date |
|---|---|
| | |

**To be completed by the service provider and Social Work Case Manager**

| No. of Items | Description of Clothing Purchased | Cost of Items |
|---|---|---|
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| | | |
| | | |
| | | |
| | | |
| | **Total** | $ |
| | **Tax** | $ |
| | **Total Costs** | $ |

Receipts are required and are to be attached to this form. Claim must be submitted within 30 days of expenditure.

| Signature of Licensed Foster Care Provider | Date |
|---|---|
| | |

| Signature of Worker | Date |
|---|---|
| | |

Calculate!