

Treatment Foster Care Activity Log

Month of _____

Foster Home: _____ Monthly Standard: \$80 / 100 hours (25 hours per week)

Foster Child: _____

Date <small>(MM/DD/YYYY)</small>	Time <small>(HH:MM)</small>	Total Minutes <small>(If 15 minutes, enter 15; if 30 minutes, enter 30)</small>	Activity <small>(Employment, Education, Family, Budget/Financial, Community Program, Camp, Skills Training/ILP, Other)</small>	Expenses <small>(Amount Spent)</small>	Comments/Client Response <small>(Court Report, Behavior, etc.)</small>
			<input type="checkbox"/> Friend Activity <input type="checkbox"/> Family <input type="checkbox"/> Sport/Fitness <input type="checkbox"/> Tutoring <input type="checkbox"/> Employment Skills <input type="checkbox"/> Budget/Financial <input type="checkbox"/> Educational Activity <input type="checkbox"/> Food Management <input type="checkbox"/> Community Program <input type="checkbox"/> Camp <input type="checkbox"/> Skills Training/ILP <input type="checkbox"/> Other:		
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