REMITTANCE FORM

MAIL TO: FOSTER CARE ACCOUNTING
ATTN: CASEY 435-2946
15TH FLOOR CIVIC CENTER
421 MONTGOMERY STREET
SYRACUSE, NY 13202
FAX: (315) 435-3590
or email: Casey.Steinberg@dfa.state.ny.us

MONTH OF SERVICE _____ MO _____ YR

PHONE # _____

VENDOR # _____

NAME: _____

ADDRESS: _____

SIGNATURE: _____

DATE: _____

CHILD'S NAME	DAYS OF THE MONTH (PLEASE USE THE CODE KEY BELOW)																															DAYS	CASEWORKER'S NAME
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		

CODE KEY:

IN HOME CODES:
P - New Placement (First Day)
X - Resided in the Home (Full Day/Regular Placement)
E - Emergency Placement
NOTE: Discharge Date (Last Day) Is Not Paid

OUT OF HOME CODES:
H - Hospital
R - Respite
A - AWOL
D - Discharged (Last Day)
C - Clothing only-College student

Please remit forms for reimbursement **within 90 days** of rendering the services or 30 days of the case closing, whichever occurs first, to ensure proper processing