

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 : fostercare@ongov.net

MONTH OF SERVICE

MO	YR

NAME: _____

ADDRESS: _____

PHONE # _____

VENDOR # _____

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