Serenity, Inc.
Foster Care & Adoption

Resource Parent Monthly Accountability Report

Child's Name: _____   **Month/Year:** _____

_____

Height: _____   **Weight:** _____   **Date of Disaster Drill:** _____

Date Recorded: _____

_____

Services Received

Please provide dates and name of service provider.

Medical/ Dental:	Birth Family Visits (only off site):	Mental health/Regional Center Services:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Medication Log Needed   ☐ Yes ☐ No ☐

_____

County Worker Contact with Child

Dates of Contact: _____

_____

Finances

Allowance Log Copy to SW? ☐ Yes ☐ No ☐ N/A   Receipts Provided to SW? ☐ Yes ☐ No

Itemized Receipt Log: Required monthly spending *must be documented:*
        $75 clothing and $25 educational toys/activities.

Item	Date of Purchase	Amount

                                    TOTAL = $

(More space on back)

Item	Date of Purchase	Amount

Total from front= $

TOTAL = $