

# INVOICE FOR SERVICES

## Treatment Foster Care

CHIPPEWA COUNTY DEPARTMENT OF HUMAN SERVICES  
711 North Bridge Street, Room 305  
Chippewa Falls, WI 54729  
715-726-7788

Child's Name:	Social Security Number:	Date of Birth:
Treatment Foster Parent(s) Name:		Date child was placed in this home:
Address:		Social Worker:
Parent Agency:		

FOSTER PARENT(S) COMPLETE THE FOLLOWING:

Days of month child is in care (circle days of month):

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

Month of Service:	Date child was removed (NOT BILLABLE):
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Foster Parents' Signature:
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Signature verifies accurate billing statement for this month.

Return this billing before the 1st day of the month following month of care.

For Agency Use Only			
Division and Program		Funding Source	
<input type="checkbox"/> 78-54500	Child/Family-Ongoing Services	<input type="checkbox"/> 3561	Child and Family BCA
<input type="checkbox"/> 79-54516	Youth Services - Ongoing Services	<input type="checkbox"/> 3610	RPG Meth Grant
<input type="checkbox"/> 80-54530	CWDA-Chap 51/Crisis Services	<input type="checkbox"/> 324	Youth Aids-AODA
<input type="checkbox"/> 80-54532	CWDA-Children's MH Waiver 439	<input type="checkbox"/> 366	Youth Aids
<input type="checkbox"/> 80-54533	CWDA-Children's DD Waiver 429	561	Basic County Allocation
<input type="checkbox"/> 80-54534	CWDA-Children's PD Waiver 449	<input type="checkbox"/> 577	Family Support
<input type="checkbox"/> 81-54550	Placements-CHIPS/JIPS	<input type="checkbox"/> 429	DD Waiver
<input type="checkbox"/> 81-54551	Placements-YES Placements	<input type="checkbox"/> 439	MH Waiver
<input type="checkbox"/> 81-54552	Placements-YES Waiver Placements	<input type="checkbox"/> 449	PD Waiver
<input type="checkbox"/> 81-54553	Placements-Waiver Placements	<input type="checkbox"/>	
<input type="checkbox"/>	SPC 203		
<input type="checkbox"/>	SPC 203 Treatment FC	\$	FC Daily Rate

Vendor #:	
Client #:	
Total Units:	
Unit Cost:	
Basic:	\$
Supplemental:	\$
Exceptional:	\$
Clothing:	\$
Total Cost:	\$
Approved:	\$

This form can also be downloaded from the Chippewa County Department of Human Services website – Children Youth and Families Division – Foster Care at:

<http://co.chippewa.wi.us/government/human-services/children-youth-and-families/foster-care>