

## FINANCIAL STABILITY OF FOSTER FAMILY HOME

State Form 55734 (R4 / 2-23)
DEPARTMENT OF CHILD SERVICES

INSTRUCTIONS:

Foster Family Home (FFH) Applicant(s) will complete this form with the assistance of a licensing worker during the Initial Licensure and Re-Licensure process, as needed, throughout the duration of a licensing period. Examples of income and expenses (outlined in sections A and B) are not an exhaustive list and do not include income or expenses for the Indiana Department of Child Services (DCS) wards or foster care per diem. See policy 12.31 Financial Stability of Foster Family Home for additional guidance.

MONTHLY AVERAGE BUDGET				
1A. Total Household Income and Public Assistance (e.g., salary/wages, pension, rental income, Special Supplemental Nutrition Pr for Women, Infants, and Children [WIC], food stamps/Supplemental Nutrition Assistance Program [SNAP], and worker's compensation)	ogram	Total Household Child Care Expenses     (e.g., daycare, babysitting, and child support paid household member)	to a non-	
NOTES:		2B. Total Transportation (e.g., bus/taxi/driver fares, auto payments, auto in maintenance, horse and buggy maintenance, and		
		3B. Total Housing Cost (e.g., rent, mortgage, land lease, and home/rental	I insurance)	
		4B. Personal (e.g., clothing, hygiene items, and body care mair	ntenance)	
		5B. Entertainment (e.g., subscriptions, family or child activities)		
		6B. Total Household Utilities (e.g., electric, natural gas/oil/propane, water, trash, sewer, recycling, phone, and internet)		
		7B. Food/Groceries (e.g., groceries, dining out, and alternative feedings)		
		8B. Household Member Education (e.g., student loans, tuition, and school supplies)		
			TOTAL	
LICENSING WORKER: Ask the Applicant(s) the following questions and check the appropriate box for the Applicant(s) response.  In the past two (2) years, has your family applied for and/or received public assistance (e.g., Temporary Assistance for Needy Families [TANF], WIC, Food Stamps/SNAP, Yes No or unemployment?				
				☐ Yes ☐ No
Have you ever filed for bankruptcy? If yes, when?				Yes No
According to public records (i.e., Odyssey/MyCase) and your own recollection, do you have any outstanding small claims against you?				☐ Yes ☐ No
What is your plan to cover costs related to emergencies and incidentals? (Check all that apply)				
_ ` ` ` ` _	Loan	Cash assistance from family or friend		
Based on your budget detailed above and the answers to the subsequent questions, are you confident in your ability to meet your own household financial needs in addition Yes No to a foster child's needs without the financial assistance of DCS?				
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The above statements are accurate to the best of my knowledge.				
Printed name (Applicant 1)	Signature (Applicant 1)		Date (month, day, year)	
Printed name (Applicant 1)	Signature (Applicant 1)  Date (mo		Date (month, day, ye	ar)
Printed name of Licensing Worker	Signature of Licensing Worker Date		Date (month, day, year)	

## **Examples of income/expense categories:**

- 1A. Include all sources of income, such as salary/wages, Pension, Rental Income, WIC, Food Stamps/SNAP, TANF, Workers' Comp, Unemployment, Adoption Assistance, Social Security, child support, etc.; Do not include foster care per diem.
- 1B. Include daycare, babysitting, and child support paid to a non-household member; Do not include expenses of DCS placements.
- 2B. Bus/taxi/driver fares, auto payments, auto insurance, auto maintenance, horse & buggy care/maintenance, auto fuel, etc.
- 3B. Include Rent, Mortgage(s), Land lease(s), Home/rental insurance
- 4B. Clothing, soaps, hygiene, body care maintenance, etc.
- 5B. Subscriptions, family/children's activities; Do not include expenses of DCS placements
- 6B. Electric, natural gas/oil/propane, water, trash, sewer, recycling, phone, internet
- 7B. Groceries, dining out, and alternative feedings; Do not include expenses of DCS placements
- 8B. Student loans, tuition, supplies; Do not include expenses of DCS placements