Arkansas Department of Human Services
Division of Children & Family Services
Client Information Sheet for Cash Assistance and Foster Care Incidentals

Co: 901-98-0001

Provider's Name: _____

Address: _____
Street or P.O. Box City State ZipCode

Provider's Taxpayer Identification Number (TIN): _____ Phone #: _____

Cash Assistance

Case Head's Name: _____
SSN: _____

Item(s) To Be Purchased:

Financial:

_____ Balance
_____ Adjustment +/-
_____ > Amount of Check # _____ Check Number
==========
_____ Date of Check
_____ Carryover Balance _____ Receipt/Bill

Foster Care Incidentals

Child's Name: _____
SSN: _____
Case Number: _____

- ☐ School Field Trips
- ☐ Sport Fees or Equipment
- ☐ Registration Fees for Sports
- ☐ Musical Instruments or Supplies
- ☐ Art Supplies
- ☐ Club Fees (social)
- ☐ Summer Programs
- ☐ Dance Supplies, etc.
- ☐ Camping Dues/Registration Fees
- ☐ School Pictures
- ☐ School Year Books
- ☐ Other (list)

Financial:

_____ Balance
_____ Adjustment +/-
_____ > Amount of Check # _____ Check Number
==========
_____ Date of Check
_____ Carryover Balance _____ Receipt/Bill

_____
DCFS County Supervisor/Designee(s) Date

Checklist:

- ✓ Is money in the account sufficient to cover the check?
- ✓ If this is a new vendor, is there a W-9 and Vendor File Action Form attached?
- ✓ Has the receipt been returned to the DCFS County Supervisor/Designee(s) within 2 business days and attached to this form?
- ✓ Has the Carryover Balance been moved to the Balance line on the next form?