



**Arkansas Department of Human Services
Division of Children and Family Services
Confirmation of Receipt of Goods for Youth in Foster Care**

This form serves as confirmation of delivery and receipt of the goods listed below for:

Youth Name _____ Case Number _____ Date of Delivery and Receipt of Goods _____

These goods were purchased using: Youth's Trust Account Funds Other _____ (specify)

Itemized List of Goods Delivered and Received:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

By my signature below, I confirm as an employee of the Arkansas Department of Human Services, Division of Children and Family Services that the goods listed above were delivered to the youth named above/this youth's placement provider.*

DCFS Staff Name (please print)

DCFS Staff Signature

Date

By my signature below, I confirm that as the placement provider for the youth named above, I received on behalf of this youth the goods also listed above.

Placement Provider Name (please print)

Placement Provider Signature

Date

**If this purchase was made with a P-card, then all original receipts and the applicable CFS-334: Foster Care Services Authorization for Billing must accompany this form when submitted to the local Area Financial Coordinator who will then route the complete packet to the Central Office Finance Unit.*

If this purchase was not made with a P-card, then the original receipts for this purchase, the CFS-334 signed by the provider, and a W-9 if the provider is not already in the Great Plains system must accompany this form and be sent directly to the Central Office Eligibility Unit at Slot S-571. If an original receipt is not available then a CFS-380 Agency Generated Invoice may be used with appropriate signatures.