Arkansas Department of Human Services

Division of Children and Family Services

FACILITY TRUST ACCOUNT REPORT

(Report of Account Balances for DHS Placements)

Child's Name	Social Security Number	Beginning Balance	Deposits	Expenses	Ending Balance

Name of Facility Reporting: _____

Facility Contact Person: _____

Contact's Phone Number: _____

Month & Year Reporting: _____

ROUTING INSTRUCTIONS: Every month, mail this form to: Department of Human Services
Division of Children and Family Services
P.O. Box 1437, Slot S571
Little Rock, Arkansas 72203-1437