

**CLOTHING VOUCHER REQUEST  
(Clothing Inventory Must Be Attached)**

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Date of Initial Placement: \_\_\_\_\_ Date of Current Placement: \_\_\_\_\_

Current Placement: \_\_\_\_\_

Foster Care Worker: \_\_\_\_\_ Family Services Worker: \_\_\_\_\_

Previous Vouchers Received:

Date: \_\_\_\_\_ Store Name: \_\_\_\_\_ Amount: \_\_\_\_\_

Date: \_\_\_\_\_ Store Name: \_\_\_\_\_ Amount: \_\_\_\_\_

Date: \_\_\_\_\_ Store Name: \_\_\_\_\_ Amount: \_\_\_\_\_

Birth Family Contacted to Request Needed Clothing:

Name of Family Member: \_\_\_\_\_

Outcome: \_\_\_\_\_

Worker who Contacted Family: \_\_\_\_\_ Date: \_\_\_\_\_

Date for Family Clothing Contribution to be Received: \_\_\_\_\_

Family Ordered to Provide Clothing: \_\_\_\_\_ Yes \_\_\_\_\_ No

Child Support Ordered Amount: \_\_\_\_\_ Received: \_\_\_\_\_ Yes \_\_\_\_\_ No

Title IV-E Reimbursable: \_\_\_\_\_ Yes \_\_\_\_\_ No IL Plan: \_\_\_\_\_ Yes \_\_\_\_\_ No

SS Amount: \_\_\_\_\_ SSI Amount: \_\_\_\_\_

Voucher Requested: Store: \_\_\_\_\_ Amount: \_\_\_\_\_

Voucher Requested: Store: \_\_\_\_\_ Amount: \_\_\_\_\_

\_\_\_\_\_  
Caseworker Signature & Date

\_\_\_\_\_  
Supervisor Signature & Date

Date Submitted: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature & Date

\_\_\_\_\_  
Fiscal Signature & Date

**CLOTHING VOUCHER REQUEST**  
**(Clothing Inventory Must Be Attached)**

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Clothing Inventory

Clothing Child Currently Has That Fits: \_\_\_\_\_

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Clothing Purchased by Birth Family: \_\_\_\_\_

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Clothing Needs: \_\_\_\_\_

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Inventory Completed by: \_\_\_\_\_ Date: \_\_\_\_\_