TURNING POINT FAMILY CARE
PO BOX 789, WASHINGTON, UT. 84780
VOX: 435.674.7421 FAX: 435.674.3175

Monthly Allowance and Clothing Expense Form #110

Youth's name:_____

The State of Utah requires that the program provide each youth $40.00 for necessities and $20.00 for recreation. This form is to be signed monthly by the youth in your home to verify to the State of Utah, he/she received the funds. This is protection for you that you provided the youth these amounts. The balance that was unspent is carried forward and is owed to the youth. If the youth leaves the program before receiving and balance you must forward the balance owed to the next program.

Balance Forward:_____

Record of Expenses or Deposits	Date	Debit	Credit/Deposit	Balance

_____ _____

Parent Youth