

**Department of Children's Services**  
**INSTRUCTIONS FOR USE OF FORM**  
**CS-0431**  
**Monthly Family Income and Expenditures**

The purpose of this form is to verify financial stability of foster parent applicants and co-applicants in accordance with DCS policy 16.4 Foster Home Approval during initial approval.

This form is also completed during re-assessment in accordance with DCS 16.8 Responsibilities of Approved Foster Home.

**DCS staff should verify proof of income by obtaining copies of one or more of the following**

1. current check stubs (no more than 60 days old)
2. tax return (current or previous year)
3. Social Security, retirement or disability statements (no more than 60 days old)
4. Written statements (preferably notarized) from legal entities, financial institutions or other persons related to inheritance, structured settlements or trusts.
5. Written statement (preferably notarized) from persons who provide monetary support to foster parent applicant/co-applicant specifying the amount of support they provide each month.

Documents are to be placed in the Foster Home File (see DCS policy 16.23 Foster Home Case Files)

**Foster care payments or subsidy payments (adoption assistance or subsidized permanent guardianship) are not considered income and are not to be included on this form.**