

Program Activity Recording Log Instructions

Month/Year of Stay: Month/Year you are asking for Kinship/Foster Care payment.

Checkbox: Please select whether you are providing Kinship or Foster Care.

Kinship/Foster Care Provider Name: Print your first and last name.

Kinship/Foster Care Provider Signature: Sign your name.

Address: Fill in your mailing address. If your address changes, please call (608) 355-4200 to report the change.

Phone Number: Fill in your phone number in case we have questions regarding your log.

Check Box for Additional Logs: When you only have a two months' supply of logs left, please check this box. We will then send you a new supply of logs.

Child(ren)'s Name: Print the first and last name of the child(ren) you are caring for. Only one form per provider is needed.

Total Days: Fill in the number of days in the month each child spent in your home.

Units of Service Provided: Place an X in the column by each day the child spends the night in your home. Leave the column blank for each day the child was not in your home.

Special Notations: Indicate if the child spends a night with a friend, parent, etc. Payment will be made until the placement or service has ended. Please indicate what day the child left your home.

Mail Log to the Following Address: Attention: Accounts Payable
Sauk County Department of Human Services
P. O. Box 29
Baraboo, WI 53913

Logs can also be found on our web site: www.co.sauk.wi.us Click on Departments, Human Services, Forms.

Logs can be faxed to (608) 355-4299. Log questions can be e-mailed to: jennifer.kleckner@saukcountywi.gov