



DAMAGE CLAIM FORM (FS-270)

Revenue Enhancement Unit (REU) Administrative Use Only

Program Code: _____ **Account Code:** _____

Approved Reimbursement/Authorization Amount: _____

Signature: _____ **Date:** _____

SECTION I: *Completed by Foster/Kinship Parents and sent to the Foster/Kin Care Manager (Carrie.Deem@vermont.gov). Foster/Kinship Parents are encouraged to keep a copy of the form for your own records. Please be aware that the Foster/Kin Care Manager will coordinate with your local district office team to obtain the information required in Section II.*

Foster Parent's Name(s): _____

Foster Parent's Address: _____

Foster Parent's Social Security Number (SSN): _____

Child/Youth's Name: _____ **Family/Child #:** _____

Family Services Worker: _____ **District Office:** _____

Are there photos of the damage? Yes No **Date Damage Occurred:** _____

Estimated Cost of Damage: _____

Description of the Incident/Damage:

Please note: If you are doing a repair yourself, you will not be compensated for your labor, time, or mileage.

Foster/Kinship Parent is seeking:

Reimbursement for damages
✓ **Receipts will be required**

Replacement for damages

Professional vendor authorization for direct payment to complete the work

Additional Information Required for Vendor Authorization:

- ✓ **You must find a professional person or company to complete the repair**
- ✓ **You must obtain an itemized professional estimate of costs**
- ✓ **A completed W-9 Form must be included**

SECTION II: *Completed by the Foster/Kin Care Manager with information provided by district office staff*

As applicable, please check the boxes to indicate any actions taken by DCF-FSD staff relevant to the damage described above.

- Spoke to the caregiver about the damage
- Spoke to the child/youth about the damage
- Spoke to other witness about the damage
- Observed/saw the damage
- Other, *please describe:*

DCF-FSD Employee Statement *(description of the damage and what was observed or learned):*

SECTION III: *Completed by Foster/Kin Care Manager*

- The damage claim form is completed in full.
- The requested reimbursement, replacement, or vendor authorization is allowable per policy 270.
- If this is a professional vendor authorization, an itemized professional estimate of costs and completed W-9 are attached.
- If photos were taken to document the damage, the photos are attached.

Approved and submitted to REU

Adjusted reimbursement/authorization amount

Approved Reimbursement/Authorization Amount: _____

Signature: _____ **Date:** _____