FC-128 (8-96)

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Administration for Children, Youth and Families

ALLOWANCE SIGNOFF LEDGER

CHILD'S NAME *(Last, First, M.I.)*

DATE *(M/D/Y)*	ALLOWANCE AMOUNT RECEIVED	CHILD'S SIGNATURE	OUT-OF-HOME CARE PROVIDER'S INITIAL
	$		

Equal Opportunity Employer/Program
For alternative format/reasonable accommodations: (602) 542-3981.