ARMS WIDE

Home Study Sub-Contractor Invoice

INVOICE TO: ARMS WIDE	**SUB-CONTRACTOR:**
DATE:	**FAMILY NAME:**

Home Study Submission Type:

☐ Completed Full Home Study	$500.00	***Check All That Apply:***
☐ Home Study Update	$250.00	☐ FC Only
☐ Incomplete/Withdrawn Home Study	$100.00	☐ FTA
☐ Home Study/Single Visit	$50.00	☐ Adopt Only
		☐ Kinship
		☐ ITAV
☐ Separate Court Appearance	$50.00/hour x hours =	☐ ICPC

☐ Mileage Reimbursement Sheet attached.

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Subcontractor Signature **Submission Date**

ARMS WIDE STAFF ONLY:

EXPENSE	JOB	CLASS	DESCRIPTION
8090	510 TDFPS Adoption 512 TDFPS Foster Care *(710 *TR DTFA WWK*)* 711 *TR HM ITAV	211 Region 6 Adoption 270 Region 6 Foster Care	ICPC (Kinship Only) Kinship – General *TR ITAV (Interest to care for Black children)
8090	510 TDFPS Adoption 711 *TR* HM ITAV	214 Region 11 Adoption	ICPC (Kinship Only) Kinship – General *TR ITAV (Interest to care for Black children)

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Supervisory Review Signature **Review & Approval Date**

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Director Approval Signature **Approval Date**