

ph: 780.430-7715 ~ #201-1207-91 St. SW, Edmonton AB T6X 1E9 <u>main@crossroadsfs.ca</u> fax: 780.430-7778

RECORD OF MY ALLOWANCE THIS MONTH

Name:		Age:					
Month:		Year: 20					
How much do I get for allowance? 6 - 8 Years \$2.75 / week \$6.95 / week			<u>12 – 15 Years</u> \$11.00 / week	<u>16 – 18 Years</u> \$15.15 / week			
WEEKLY ALLOWANCE: I received my allowance of \$							
Week		Date	My Signature				
1.							
2.							
3.							
4.							
5.							
OR							
MONTHLY ALLOWANCE: I have received my monthly allowance of \$							

Items listed below need to be discussed and approved by Caseworker before implementing

FUNDS EARNED/ SAVINGS HELD FOR CHILD OR YOUTH:							
Date	Description (gift, earnings,	,	Amount	Location Funds held			
	allowance, etc.)			(bank, jar, etc.)			
Signature of Child/Youth:							
RESTITUTION PLAN: (Maximum 50% of Allowance / week)							
Cost of replacement / repair of item: \$							
I agree to pay the cost above for the following reason:							
Amount paid this month \$ Amount still owing \$							
Signature of Child/Youth:							
Signature of clinia/ routh.							
ALLOWANCE TEMPORARILY WITHHELD: (Maximum 50% of Allowance /week)							
A portion of my allowance is being temporarily withheld because:							
I will receive my withheld allowance when:							
	Amount withheld						
	Amount received back	\$					
	I still have to receive back	\$					

CAC Standard: Programs that are contracted to provide allowances or make spending money available will have policy that stipulates:

PLEASE HAND IN THE SIGNED ALLOWANCE LOG WITH YOUR MONTHLY PAPERWORK.

^{1.} Persons served, over the age of 5, have a portion of allowance or spending money under their personal control, and