Department of Children & Family Services Building a Stronger Louisiana	**Agency Name**	Child Welfare
	Chapter No./Name	25 – Forms Manual
	Part No./Name	1 – 1000
	Section No./Name	435 Caregiver's Supplementary Expenditures Affidavit
	Document No./Name	435 Caregiver's Supplementary Expenditures Affidavit Instructions
	Effective Date	June 15, 2026

➢ PURPOSE

The CW Form 435 is used by the Foster Parent or other caregivers to list expenditures, which have been incurred in the course of caring for a child and which are reimbursable according to the policy of the Department of Children and Family Services. The form contains a certification by the caregiver that the expenditures have actually been made and that the child has received the benefits from them and that the prices paid for goods and services are in line with prevailing price rates. It is also used by a retainer to report dates of visitation.

➢ PREPARATION

The CW Form 435 is prepared by the caregiver in single copy.

The name of the caregiver, the caregiver's TIPS number, the name of the child, the child's TIPS number, and the period that is covered by the expenditures are entered in the appropriate spaces.

> *Example: The caregivers is filling out the form on April 3 for expenses occurred in the month of March. The caregiver will enter "Apr. 3, 2025" as the date, "From: Mar. 1, 2025" and "To: Mar. 31, 2025."*

CAREGIVER'S SUPPLEMENTARY EXPENDITURE AFFIDAVIT

Name of Caregiver: **Caregiver TIPS Number:**	**Name of Child:** **Child TIPS Number:**	**DATE:** (No more than one month) **From:** **To:**

Travel

For transportation expenses by automobile, the caregiver should enter the date of the travel, the destination and purpose of travel, and the odometer readings at departure and arrival to secure the total miles traveled.

> *Example: On March 3, the caregiver traveled to Better Health Clinic so that the child in foster care could attend a therapy session. The caregiver enters "Better Health Clinic – child's therapy session" as the destination and purpose. Their odometer reading when they left the house was 54,672 miles. When they returned, it was 54,735 miles, for a total of 63 miles traveled. With the reimbursement rate of $0.70 per mile, the caregivers can enter $44.10 in reimbursement for this trip.*

Mileage (Include Only Travel Approved by DCFS)

Date	Destination and Purpose of Travel	Odometer Reading		Miles Traveled	Amount miles x state rate
		Departure	Arrival		
			TOTAL		

If the caregiver used public transportation or other means of travel, they must attach a receipt for that expense.

Educational, Medical, Clothing, and Other Expenses

- If the caregiver spent money on items related to the child's education, medical needs, clothing, or other things needed in the course of caring for the child, the caregiver enters those expenses.
- The caregiver must have prior approval for purchases of clothing or other incidental items.
- For each expense listed, the caregiver must have a receipt to go with it, and the receipt must be attached to the completed Form 435.
- Once all expenses for the month are complete, the caregiver must sign and date the Form 435.

Example: On March 22, the caregiver purchased a new school binder for a child in foster care that cost $35. On March 30, the caregiver paid $30 for the child's allergy medication and , purchased new blue jeans and t-shirts for the child, with approval from the caseworker, totaling $125. The total expenses for Educational Expenses is $30. The total expenses for Medical is $30. The total expenses for clothing is $95. The caregiver then signs and dates the Form 435 certifying all expenses.

Educational Expenses	Medical	Clothing	Other
TOTAL COSTS			

Retainer Home Visitation - Date(s) of Visit(s):				

Receipts over 90 days will not be paid or reimbursed.
Receipts must be attached for each expenditure with child's name, store name, clerk's name or number and amount. The receipts are to be itemized.
Purchases of clothing and other incidental needs for which you are requesting reimbursement require prior approval from DCFS.

I certify that these expenses were made by the above-named, that the child has received the benefits from them and that the prices of purchases are no higher than prices for the same quality of goods and services at other places where I could reasonably trade.	**Caregiver Signature**	**Date**

- DISPOSITION

The CW Form 435 is submitted to the local DCFS office with the required receipts. (See also CW Form 211/Form Instructions) The form is retained in the Client's case record in the local office and is subject to audit.