



**DAMAGE CLAIM FORM (FS-270)**

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**Revenue Enhancement Unit (REU) Administrative Use Only**

**Department ID:** 3440020100 **Program Code:** \_\_\_\_\_ **Account Code:** \_\_\_\_\_

**Approved Reimbursement/Authorization Amount:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**SECTION I:** *Completed by Foster/Kinship Parents and sent to the Foster/Kin Care Manager (Barbara.Joyal @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**

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**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):*

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**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:** \_\_\_\_\_