



Children's Aid Society

CITY OF KINGSTON AND COUNTY OF FRONTENAC

Frontenac CAS Relief Receipt

Executive Director
Raymond J. Muldoon, M.S.W.

Child's Name:
(separate receipt required per child)

Foster Home:

The above named child went on relief to _____
(print Alternate Care Provider's name)

from _____ to _____
(date) (date)

Foster Care Resource Provider's Signature

Date

Alternate Care Provider's Signature

Date

Submit to your Foster Care Resource worker within 30 days of the relief occurring.

Foster Care Resource Worker's Signature

Date

Manager's Signature

Date

Resource forwards to Finance

Please Reply To:

362 Montreal Street,
Kingston, ON K7K 3H5

1479 John Counter Boulevard,
Kingston, ON K7M 7J3

Tel: 613.542.7351 Fax: 613.542.4428
www.casfrontenac.ca