



SUPPORT GROUP

EXPENSE STANDARDS

IFAPA Support Groups are a valued part of the encouragement offered to our Foster, Adoptive and Kinship Parents. The current DHS contract that supports IFAPA has no provision for the ongoing maintenance of support groups; however the IFAPA board has identified an individual funding support structure that we feel confident we can continue to provide outside of the existing contract limitations.

Support Group leaders who provide consistent support for Iowa's Foster, Adoptive and Kinship parents and families may be allotted up to a total of \$100 per fiscal year to help offset qualifying costs incurred during the course of aiding the families in your area. Qualifying costs are listed below; anything not consistent with this list will require IFAPA supervisory review for final decisions.

Expense Type	Reimbursable	Amount	Qualifier	Notes
Facility Rental	YES	Up to \$25	If no free facilities are available	This does not include reimbursable deposits required to secure a facility
Translator Costs	YES	Up to \$25	Upon participant request	Must list participant and translator information
Child Care	YES	Up to \$20/family	Must meet DHS provider requirements	Must be licensed foster parent or DHS approved provider
Non-IFAPA Trainers	YES	\$25/training	Trainers are encouraged to be approved IFAPA trainers. However if the support group leader chooses a non-IFAPA trainer/course then the support group leader must get local DHS approval for the course.	It's important not to impede the IFAPA DHS contract goals of providing 60 trainings per quarter, however there may be times when an external trainer is necessary.
Postage, Print, Advertising, Marketing	NO	\$0	N/A	Online marketing and calendar invites along with local papers willingness to run calendar events for support groups will assist in this effort
Meals/Snacks	NO	\$0	N/A	Encourage snack rotation or pot luck
Gas/Gift Cards	NO	\$0	N/A	Consider thank you cards from the group
Other	**Please submit reimbursement requests not listed above to your direct supervisor for individual review and approval.			

**See attached invoice forms. Invoices require signed receipts*



Support Group Invoice

Support Group Leader Name:
 Support Group Name/County:
 Date:

[Street Address]
 [City, State, ZIP Code]
 [Phone]
 [e-mail]

SERVICE/EXPENSE TYPE	DATE OF SERVICE	PROVIDER INFORMATION	AMOUNT
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
Total			

**Paid, signed receipts must accompany all invoice requests*

Please submit forms to: Stephanie Clark, Resource Information Specialist, sclark@ifapa.org
 Forms can be mail to: Iowa Foster & Adoptive Parents Association – 6864 NE 14th Street, Suite 5 – Ankeny, IA 50023
 Questions: 800-277-8145 ext. 7 (office) 515-777-8564 (cell)

Approved _____

Approval Date _____