APPROVAL	Suggested Change	APPROVAL		State Version
•	has approved your Foster Care aid.	☐ The County has approved your Foster Care aid.		
As of aid of \$	, the county is <b>Approving</b> your Foster Care per month.	As of		proving your Foster Ca
This aid is for:		aid of \$	per month.	
☐ The cash aid payment for your first month of aid is only for a part of a month. It is for the time from your first day of cash aid, shown above, through the end of the month. If nothing changes,		This aid is for:		
your ongoing cash aid amount will be		CHANGE As of	the county is <b>Ch</b> a	anging your Foster Car
CHANGE		from \$	to \$	linging your rooter our

