

Parent(s) Name: _____

Date: _____

Parent/Child “*Strings*” (Financial Help we Provide) Check-List

We do not cut all financial help. We cut *strings* because they can help fund drug usage. When is financial help not a *string*?

Child’s first name: _____ True Age: _____ (Age I see him/her in my mind’s eye: _____)

1) Child’s **Living** Situation (Home, Apt., Etc.): _____

2) Child’s **Allowance** Amount: \$ _____ _____ Weekly? _____ Monthly? _____ Yearly?

3) Child’s **Transportation** Situation: _____

4) **Auto Insurance** Situation: _____

5) Child’s Banking-**Savings/Checking/ Credit Cards/Trust Fund/Loans (Any joint accounts?):** _____

6) Child’s **Cell Phone** Situation: _____

7) **Child’s Health Insurance:** _____

8) Child’s **Present Employment** Situation: _____

9) **Past Employment History:** _____

10) Child’s **other income** from Trust Fund, Allowance, Annuity, Disability, etc. payments: _____

11) Amount of **Money Child Owes us** From Loans: _____

12) Child’s **Personal Belongings** Stored in our home or other place we’re responsible for: _____

13) Child’s **Mail** Coming to our home: _____

14) **Child’s School & Other Expenses (IE: Student Loans, Fines, etc.):** _____

