

Caregiver Monthly Transportation Reimbursement

Child specific reimbursable mileage may include:	Examples of non-reimbursable activities include:																
<p>All reimbursable expenses must meet the child’s need for safety, stability, education, or other unique needs as identified in the case plan and are listed below:</p> <ol style="list-style-type: none"> 1. Family Time with parents – the costs of transporting children to visits with their parents (Title IV-E allowable) 2. Family Time with siblings – the costs of transporting children to visits with their siblings (Title IV-E allowable) 3. Transportation to and from the parent-child/sibling Family Time visit that is longer than three hours and the caregiver returns home (Title IV-E allowable) 4. Transportation to maintain educational stability (Title IV-E allowable) 5. Court hearings 6. Court-ordered activities 7. Medical, dental, counseling sessions, or WIC appointments 8. Attendance at child/youth specific meetings at the request of DCYF staff 9. Child specific DCYF approved caregiver trainings include (for which no subsidy is offered through the Alliance for Child Welfare): <ol style="list-style-type: none"> a. Trainings specific to the needs of children in the home, and b. First Aid and HIV/BBP training 10. Participation in school-related extracurricular activities 11. Participation in recreational activities, practices, or lessons 12. Transportation to and from respite, for mileage in excess of 10 miles each way 13. Transportation to and from child care, for mileage in excess of the caregiver’s regular commute to work 14. Transportation to and from a child’s appointment that is longer than three hours and the caregiver returns home 15. Other transportation necessary to meet the needs of the child identified in ongoing case planning 	<p>Note: Transportation activities that are part of typical parenting and/or age/developmentally appropriate activities are not reimbursed.</p> <p>Activities include:</p> <ul style="list-style-type: none"> • Haircuts • Sports events • Vacation • Birthday parties or shopping • School – except as indicated in #4 																
	Examples of allowable mileage reimbursements:																
	<table border="1"> <thead> <tr> <th style="background-color: #d1c4e9;">FROM/ADDRESS</th> <th style="background-color: #d1c4e9;">TO/ADDRESS</th> <th style="background-color: #d1c4e9;">TOTAL MILES</th> <th style="background-color: #d1c4e9;">PURPOSE OF TRIP Note: Please list child specific information below</th> </tr> </thead> <tbody> <tr> <td>XXX Street</td> <td>XXX Street</td> <td>50</td> <td>Family Time with mother at DCYF office</td> </tr> <tr> <td>XXX Street</td> <td>XXX Street</td> <td>35</td> <td>Family Time with brother at library</td> </tr> <tr> <td>XXX Street</td> <td>XXX Street</td> <td>12</td> <td>FTDM at DCYF with parents to develop a Family Time plan</td> </tr> </tbody> </table>	FROM/ADDRESS	TO/ADDRESS	TOTAL MILES	PURPOSE OF TRIP Note: Please list child specific information below	XXX Street	XXX Street	50	Family Time with mother at DCYF office	XXX Street	XXX Street	35	Family Time with brother at library	XXX Street	XXX Street	12	FTDM at DCYF with parents to develop a Family Time plan
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	<p>NOTE: REIMBURSEMENT REQUESTS MUST BE SUBMITTED ON A MONTHLY BASIS AND WILL NOT BE REIMBURSED IF SUBMITTED AFTER THE TIMEFRAMES IDENTIFIED IN ADMINISTRATIVE POLICY 1.07.02.</p> <p>Sibling Family Time Visit Activity Reimbursement DCYF can reimburse you up to twice per month up to \$7.03 per child per Family Time visit for a child’s activities that take place during visits with siblings placed separately in out-of-home care. Examples: Admission to sports activities, museums, parks, classes, snacks.</p> <p>QUESTIONS: Refer to the information at 5800. Caregiver Transportation Reimbursements and Administrative Policy 1.07.02.</p> <p>IMPORTANT: Submit receipts for all transportation reimbursement requests.</p>																



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MONTH/YEAR

CHILD/YOUTH NAME		CASE ID NUMBER	PROVIDER NUMBER
CASE WORKER NAME	CAREGIVER NAME:		TYPE OF CAREGIVER <input type="checkbox"/> Foster <input type="checkbox"/> Kinship <input type="checkbox"/> Other
CAREGIVER ADDRESS		CITY	STATE ZIP CODE
CAREGIVER WORK ADDRESS		CITY	STATE ZIP CODE

DATE	FROM/ADDRESS	TO/ADDRESS	TOTAL MILES	OTHER TRAVEL EXPENSES		PURPOSE OF TRIP*	OFFICE USE ONLY
				ACTIVITY	AMOUNT		

NAME	DATE	Transportation reimbursement is limited to the following: 1) Transportation is necessary to meet the child's unique needs identified in case planning with the child's caseworker. 2) Transportation is not available from any other source. 3) Reimbursement is not payable from any other source. 4) Allowable activities under 5800. Caregiver Transportation Reimbursement and Administrative Policy 1.07.02
I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me.		
APPROVED BY	DATE	
SUPERVISOR APPROVAL (FOR REIMBURSEMENTS OVER \$200)	DATE	
AREA ADMINISTRATOR APPROVAL (FOR REIMBURSEMENTS OVER \$300)	DATE	
REGIONAL BUSINESS ADMINISTRATOR (FOR REIMBURSEMENTS OVER \$500)	DATE	

* Include "RT" if mileage is a round trip rather than one way.