

FOSTER PARENT / RELATIVE MONTHLY MILEAGE VOUCHER

MILEAGE CLAIMS MUST BE SUBMITTED ON A MONTHLY BASIS. PER ADMINISTRATIVE POLICY 19.10.02 ANY MILEAGE SUBMITTED AFTER 90 DAYS WILL NOT BE REIMBURSED.

<p>Examples of reimbursable mileage includes:</p> <ul style="list-style-type: none"> · Transporting the child to necessary medical, dental & counseling sessions. · Transporting the child to arranged visits. · Attending meeting or staffing at the request of the social worker. · Reimbursement limited to one round trip <p>NOTE: Transporting more than one child to the same destination constitutes one trip. There is an expectation that, where ever possible, foster parents will consolidate trips to save money.</p>	<p>Examples of non-reimbursable mileage includes:</p> <ul style="list-style-type: none"> · Transporting the child to child care when child care is provided as a paid service. · Transporting the child to respite. It is the foster parent's responsibility to provide transportation. · Transporting the child to school. Reimbursement must be sought through the school district of origin. · Transporting the child to everyday activities such as sports activities, extracurricular activities, etc. · Transporting the child to a job worksite. · Mileage associated with clothes shopping or grocery shopping. · Foster parent trainings.
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CHILDS NAME:	FOSTER PARENT/RELATIVE NAME:
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MONTH/YEAR:	ADDRESS:
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DATE	FROM /ADDRESS	TO / ADDRESS	TOTAL MILES	PURPOSE OF TRIP

NAME:	DATE:	Transportation reimbursement is limited to the following: 1) Services are consistent with the ISSP/court order. 2) Consistent with the child's permanent plan and CA strategic plan.3) Is not payable from any other source.
I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me.		
APPROVED BY:	DATE:	

CHILDS NAME:	FOSTER PARENT/RELATIVE NAME:
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