

CHILDREN'S ADMINISTRATION
Caregiver Monthly Mileage

Child Specific reimbursable mileage may include:	Examples of non-reimbursable mileage includes:															
<ol style="list-style-type: none"> 1. Transportation must meet the child's need for safety, stability, education, and other unique needs as identified as part of the case planning with the child's social worker. 2. Visitation with parent(s). 3. Visitation with sibling(s). 4. Court hearings. 5. Court-ordered activities. 6. Medical, dental, counseling sessions or WIC appointments. 7. Attendance to child specific meetings at the request of CA staff. 8. Child specific State approved caregiver trainings include: <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. 9. Transportation to maintain educational stability or participation in school-related extracurricular activities. 10. Transportation to and from respite, for mileage in excess of 10 miles each way. 11. Transportation to and from childcare, for mileage in excess of the caregiver's regular commute to work. 12. Transportation to and from the parent-child/sibling visit or appointment that is longer than three hours and the caregiver returns home. 13. 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>These activities include:</p> <ul style="list-style-type: none"> • Haircuts • Sports events • Vacation • Birthday parties or shopping • School – except as indicated above • Recreational activities, practices or lessons 															
	<p style="background-color: #e0e0e0; padding: 2px;">Examples of allowable mileage reimbursements:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #e0e0e0;"> <th style="width: 25%;">FROM/ADDRESS</th> <th style="width: 25%;">TO/ADDRESS</th> <th style="width: 10%;">TOTAL MILES</th> <th style="width: 40%;">PURPOSE OF TRIP Note: Please list child specific information below</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">XXX Street</td> <td style="text-align: center;">XXX Street</td> <td style="text-align: center;">50</td> <td>Visit with mother at DCFS office</td> </tr> <tr> <td style="text-align: center;">XXX Street</td> <td style="text-align: center;">XXX Street</td> <td style="text-align: center;">35</td> <td>Visit with brother at McDonald's</td> </tr> <tr> <td style="text-align: center;">XXX Street</td> <td style="text-align: center;">XXX Street</td> <td style="text-align: center;">12</td> <td>FTDM at DCFS with parents to develop a visitation plan</td> </tr> </tbody> </table> <p>NOTE: 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> <p><u>Sibling Visit Activity Reimbursement</u> CA can reimburse you up to twice per month up to \$7.03 per child per 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>IMPORTANT: Submit receipts for all transportation related claims.</p>	FROM/ADDRESS	TO/ADDRESS	TOTAL MILES	PURPOSE OF TRIP Note: Please list child specific information below	XXX Street	XXX Street	50	Visit with mother at DCFS office	XXX Street	XXX Street	35	Visit with brother at McDonald's	XXX Street	XXX Street	12
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MONTH/YEAR

CHILD'S NAME		CASE ID NUMBER	PROVIDER NUMBER
SOCIAL WORKER NAME	CAREGIVER NAME:		TYPE OF CAREGIVER <input type="checkbox"/> Foster <input type="checkbox"/> Relative <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 social worker. 2) Transportation is not available from any other source. 3) Reimbursement 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	
SUPERVISOR APPROVAL (FOR REIMBURSEMENTS OVER \$200)		DATE	