**Summit County Children Services**
**FOSTER PARENT MILEAGE REIMBURSEMENT FORM**

**Mileage for the Month:** _____ **Year:** **20**

**(TO CALCULATE: PRESS CONTROL A, THEN PRESS F9)**

**APPROVALS:** ***(please initial)***

**VENDOR#:** _____ **COORDINATOR:** _____ **DATE:** / /

**NAME:** _____ **SUPERVISOR ($0 - $500):** _____ **DATE:** / /

**ADDRESS:** _____ **DEPARTMENT DIRECTOR ($500 - $650):** _____ **DATE:** / /

**CITY:** _____ **ZIP:** _____ **DIVISION DIRECTOR (OVER $650):** _____ **DATE:** / /

| DATE | PURPOSE OF TRIP | COMPLETE CHILD NAME | ORIGINATING ADDRESS | DESTINATION ADDRESS | TOTAL NUMBER OF MILES |
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| | | | | **(PAGE 1) TOTAL MILES:** | 0.00 |
| | | | | **(OTHER PAGES)** | 0.00 |
| | | | | **GRAND TOTAL MILES** | 0.00 |
| | | | | **(Calculated @ 53.5 cents Per Mile) GRAND TOTAL REIMBURSEMENT:** | **$ 0.00** |

**USE ADDITIONAL PAGES IF NECESSARY**

**I hereby certify that I have automobile liability insurance as required by the State of Ohio, and that I have a valid vehicle registration and Ohio Driver's License which is not suspended or revoked. I also certify the above report is true and correct, and the miles traveled were in connection with the care of the child(ren) in my responsibility. Submitting an untrue certification is considered falsification of SCCS records, which is a serious infraction which may result in discontinuation of services**. (IRS Standard Mileage Rate Effective Jan 1, 2017)

_____ _____
**Signature** **Date**

**FOSTER PARENT MILEAGE REIMBURSEMENT**

**(In completing Mileage Form(s), the following information/guidelines must be adhered to):**

1. Complete all of the following information for each trip on the mileage request form:
   - date of trip, • purpose of trip, • name of child, • originating address, • destination address and number of miles.

   All required information must be completed for each trip.
   - Any trip without all required information ***will not be paid***.
   - Trips that include any information that is not legible ***will not be paid***.
   - Trips that include only the name of place or person visited and not an address ***will not be paid***.

2. The number of miles for each trip must be exact miles. Do not estimate. Explain any unusual circumstances, such as detours, getting lost or inability to find a location.

3. Please describe the purpose of the travel according to the following **allowable** trips:
   - Pre-placement visits, placement or termination of placement.
   - Visits for the child with family or other SCCS or court approved parties.
   - Medical, dental, psychological, hospital or therapy appointments.
   - Substance abuse treatment or support groups.
   - WIC appointments.
   - Picking up prescription medication or medical equipment.
   - Independent living meetings.
   - Court hearings.
   - Semi-annual reviews, case reviews, case plan meetings, family team meetings or family plan meetings.
   - Head Start or preschool, if transportation is not provided.
   - School registration and parent/teacher conferences.
   - Educational meetings for the child.
   - School if outside of the school district of the foster parent or if otherwise requested by SCCS.
   - Interviews, paid or volunteer work for the child.
   - Court ordered community service.
   - Activities related to college preparation, pre-admission or attendance.
   - Foster parent training.
   - Foster parent district meetings.

4. If the trip initiates from a location other than the foster home, mileage reimbursement may not exceed the distance from the home address. When travel includes consecutive trips, mileage may only be submitted for portions of the trip specific to transportation of the child.

5. Foster parents **may not** submit mileage for any of the following activities: shopping/toy room, • babysitting, • day care, • respite, • pre-school, • camp, • school within the school district of the foster parent, • religious services, • lessons, • performances, • sports, • hobbies, • extracurricular activities, • restaurants, • vacation, • holiday parties/activities/events, • foster parent social functions, • foster parent association meetings and activities, • foster parent support meetings and activities, • foster parent recognition meetings and activities, • adoption subsidy meetings, • or presentation of the child for adoption.

6. Mileage must be submitted at the end of each month. **Mileage submitted beyond 90 days *will not be paid*.**

7. Any mileage submitted with missing or inaccurate information ***will not be paid***. Unpaid trips may be resubmitted with the correct information as long as resubmitted within 90 days and accompanying a copy of the initial corrected mileage sheet.

8. Any transportation for which the foster parent desires reimbursement that is not outlined above must be requested of the coordinator **in advance** and approved by the Director of Foster Care. **Any mileage outside of the above guidelines not pre-approved *will not be paid***.

9. Mileage forms must be sent to the foster home coordinator for review and approval. Mileage in excess of $500 must also be approved by the Department Director or designee. Mileage in excess of $650 must also be approved by the Division Director of Social Services or designee.

10. Mileage must be submitted to the SCCS fiscal department by the foster home coordinator no later than the second Wednesday of the month following the claim month. Coordinators must attach a copy of the approval memo, if applicable, to the mileage form when submitting to SCCS fiscal department.

**NAME:** _____ **Coordinator:** _____ **DATE:** ____/____/_____

**Mileage Reimbursement Continued (Page 3)**

| DATE | PURPOSE OF TRIP | COMPLETE CHILD NAME | ORIGINATING ADDRESS | DESTINATION ADDRESS | TOTAL NUMBER OF MILES |
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**NAME:** _____ **Coordinator:** _____ **DATE:** ____/____/_____

**Mileage Reimbursement Continued (Page 4)**

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