

FOSTER PARENT/KINSHIP FOSTER PARENT EXPENSE REPORT

INSTRUCTIONS:

1. Submit separate expense forms for each foster child, unless expenses are clearly for two children (such as transporting two children, phone calls related to siblings, etc.)
2. Submit training expenses on a separate expense form.
4. Except for mileage, you must attach a receipt.
5. If you are not sure a certain expense is covered, check before incurring it. See back for prior approvals required.
6. Submit expenses within six weeks of incurring them. Expenses more than three months old will not be paid. Retain the last copy for your records.

Foster Parent _____
 Address _____
 Social Security No. _____

Training Expenses _____
 Foster Child Expenses _____
 Name of Child: _____

MILEAGE see back for further instructions)

Code = 33

DATE	TOWN OF ORIGIN	DESTINATION and REASON	END POINT	#MILES	RATE	AMT DUE
Ex: 6/3/99	Worcester	Barre (court hearing)	Worcester			
TOTAL						

OTHER EXPENSES: ATTACH ALL RECEIPTS (see back for further instructions)

DATE	CODE	EXPLANATION	AMT DUE
Codes: Transportation= 33 Clothing = 38 Medical = 39 Training = 46 Telephone/Misc. = 31			
TOTAL			

I certify that the expenses include only the actual expenses to which I am entitled.
 (See back for further instructions for respite payments.)

TOTAL PAYMENT	
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Foster Parent's Signature _____

Date _____

District office use: Child MIS _____ IV-E? Yes No

Amt approved: _____

District Director/designee _____

Date _____

District Office: _____

INSTRUCTIONS FOR FOSTER PARENTS:

TYPE OF EXPENSE	CODE	EXPLANATION
Transportation	33	<p>Each trip must be listed separately.</p> <p>First column: Enter the date of the trip. Second column: Enter the town from which you started Third column: Enter your destination and the reason for the trip. Fourth column: If this was a round trip, enter the town in which your trip ended. Fifth column: Enter the total number of miles</p> <p>Examples:</p> <p>Worcester to Barre (court hearing) Worcester to Montpelier (family visit) to Worcester Barre to Barre (admin review) to Barre Worcester to Montpelier (family visit) to Barre (meet with SW) to Worcester</p> <p>All mileage expenses for medical, dental and mental health appointments are paid by Medicaid. Submit those expenses on the Medicaid Transportation Form, available from your Resource Coordinator.</p>
Respite Care		<p><u>Respite care must be submitted on the respite form. Respite reimbursement submitted on this form will <i>not</i> be paid.</u></p>
Training	31	<p>Use a separate expense report form for all training expenses. <u>Check with your district director to make sure that all expenses are fully reimbursable.</u> Include the topic of the training and the trainer's name. List each expense separately (e.g. registration, lodging, child care, mileage.)</p>
Telephone	31	<p>Planned telephone calls specifically related to the case plan are reimbursable. Attach a copy of your telephone bill, indicating the specific calls to be reimbursed.</p>
Miscellaneous	31	<p>Other expenses that have been pre-approved by the district office. Describe expenses and attach receipts.</p>

INSTRUCTIONS FOR THE DISTRICT OFFICE:

1. Make sure the form is filled in COMPLETELY. Forms with missing information will be returned to you.
2. Expense reports may be signed by the District Director or a person specifically designated by the director to approve foster parent expenses.
3. Review each expense, crossing off any that are not allowable.
4. Enter the required information on the bottom of the form. Sign and date.
5. Send the original and the first copy to the DCF Business Office. Retain the second copy for your records.