

CHILDREN'S ADMINISTRATION  
**Caregiver Monthly Mileage**

Child Specific reimbursable mileage may include:	Examples of non-reimbursable mileage includes:															
<ol style="list-style-type: none"> <li>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..</li> <li>2. Visitation with parent(s).</li> <li>2. Visitation with sibling(s).</li> <li>3. Court hearings.</li> <li>4. Court-ordered activities.</li> <li>5. Medical, dental, counseling sessions or WIC appointments.</li> <li>6. Attendance to child specific meetings at the request of CA staff.</li> <li>7. Child specific State approved caregiver trainings include:               <ol style="list-style-type: none"> <li>a. Trainings specific to the needs of children in the home, and</li> <li>b. First Aid and HIV/BBP training.</li> </ol> </li> <li>8. Transportation to maintain educational stability or participation in school-related extracurricular activities.</li> <li>9. Transportation to and from respite, for mileage in excess of 10 miles each way.</li> <li>10. Transportation to and from childcare, for mileage in excess of the caregiver's regular commute to work.</li> <li>11. Transportation to and from the parent-child/sibling visit or appointment that is longer than three hours and the caregiver returns home.</li> <li>12. Other transportation necessary to meet the needs of the child identified in ongoing case planning.</li> </ol>	<p><b>Note:</b> Transportation activities that are part of typical parenting and/or age/developmentally appropriate activities are <b>not</b> reimbursed.</p> <p>These activities include:</p> <ul style="list-style-type: none"> <li>• Haircuts</li> <li>• Sports events</li> <li>• Vacation</li> <li>• Birthday parties or shopping</li> <li>• School – except as indicated above</li> <li>• Recreational activities, practices or lessons</li> </ul>															
	<p style="background-color: #d3d3d3; padding: 2px;"><b>Examples of allowable mileage reimbursements:</b></p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #d3d3d3;"> <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>XXX Street</td> <td>XXX Street</td> <td>50</td> <td>Visit with mother at DCFS office</td> </tr> <tr> <td>XXX Street</td> <td>XXX Street</td> <td>35</td> <td>Visit with brother at McDonald's</td> </tr> <tr> <td>XXX Street</td> <td>XXX Street</td> <td>12</td> <td>FDTM at DCFS with parents to develop a visitation plan</td> </tr> </tbody> </table> <p><b>NOTE:</b> MILEAGE CLAIMS MUST BE SUBMITTED ON A MONTHLY BASIS. PER ADMINISTRATIVE POLICY 19.10.02 ANY MILEAGE SUBMITTED AFTER <b>90 DAYS</b> WILL NOT BE REIMBURSED.</p> <p><b>IMPORTANT:</b> Submit receipts for any 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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