Caregiver Monthly Mileage

Washington State Department of Social & Health Services
Transforming lives

Child Specific reimbursable mileage may include:

All reimbursable mileage must meet the child's need for safety, stability, education, or other unique needs as identified in the case plan for the child, examples are:

1. Visitation with parent(s) – the costs of transporting children to visits with their parents. **(Title IV-E allowable.)**

2. Visitation with sibling(s) – the costs of transporting children to visits with their siblings. **(Title IV-E allowable.)**

3. Transportation to and from the parent-child / sibling visit that is longer than three hours and the caregiver returns home. **(Title IV-E allowable.)**

4. Transportation to maintain educational stability. **(Title IV-E allowable.)**

5. Court hearings.

6. Court-ordered activities.

7. Medical, dental, counseling sessions or WIC appointments.

8. Attendance to child specific meetings at the request of CA staff.

9. Child specific State approved caregiver trainings include **(for which no subsidy is offered through the UW Alliance)**:

    a. Trainings specific to the needs of children in the home, and

    b. First Aid and HIV/BBP training.

10. Participation in school-related extracurricular activities.

11. Transportation to and from respite, for mileage in excess of 10 miles each way.

12. Transportation to and from childcare, for mileage in excess of the caregiver's regular commute to work.

13. Transportation to and from a child's appointment that is longer than three hours and the caregiver returns home.

14. Other transportation necessary to meet the needs of the child identified in ongoing case planning.

Examples of non-reimbursable mileage includes:

Note: Transportation activities that are part of typical parenting and/or age / developmentally appropriate activities are **not** reimbursed.

These activities include:

• Haircuts	• Birthday parties or shopping
• Sports events	• School – except as indicated above
• Vacation	• Recreational activities, practices or lessons

Examples of allowable mileage reimbursements:

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	FTDM at DCFS with parents to develop a visitation plan

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.

Sibling Visit Activity Reimbursement
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.

QUESTIONS: Please refer to the information at http://www.dshs.wa.gov/ca/fosterparents/index.asp.

IMPORTANT: Submit receipts for all transportation related claims.

CHILDREN'S ADMINISTRATION
Caregiver Monthly Mileage

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MONTH/YEAR

CHILD'S NAME	CASE ID NUMBER	PROVIDER NUMBER

SOCIAL WORKER NAME	CAREGIVER NAME:	TYPE OF CAREGIVER ☐ Foster ☐ Relative ☐ 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

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

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.

* Include "RT" if mileage is a Round Trip rather than one way.

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