

# FOSTER CHILD TRANSPORTATION REIMBURSEMENT REQUEST

**Please list one month per submission.** Return completed form to **Out OF HOME CARE, DANE COUNTY DEPARTMENT OF HUMAN SERVICES, 1202 NORTHPORT DR., MADISON, WI 53704** OR email to: [harsh.amy@danecounty.gov](mailto:harsh.amy@danecounty.gov) no later than the 4th of the month following the dates you are requesting reimbursement for (i.e., by May 4th for April expenses). Be sure you have all necessary areas completed accurately. All trips are run on Google Maps. The shortest distance is the mileage that will be used when calculating reimbursement. List **ALL** foster children that mileage will be requested for.

Mileage Claim for month of:  Year:

**Foster Parent Information**

First Name		Last Name	
Foster Home Address			
City	State	Zip Code	Phone No.

**Foster Child(ren)** - (put additional on back of form)

1
2
3
4

**Foster Parent Certification:** I certify that this claim is correct and true, and that the mileage was actually & necessarily incurred in my duties as a foster parent, that no part of the travel occurred using a free pass or free transportation and that the mileage by personal auto for which compensation is claimed was actually traveled in the service of Dane County as a foster parent.

Signed:  Date:

**Transportation Destination Locations** (add additional locations on a separate sheet of paper)

<b>Name:</b>	<b>Address:</b>

<b>Out of Home Care Approval:</b>					<b>Date</b>
Page	1	2	3	Total	Rate
SS Miles					@
Miles					@
					=
					=
					Total \$

**Foster Child Transportation** - All other transportation, including but not limited to visits with family and court-related matters.

Date	Trip Description (Start location, destination, end location)	Purpose of Trip & Child(ren) Transported	Miles

