



## ***PATH ND Monthly Foster Parent Mileage Reimbursement Form Guidelines***

**This form is to be used for treatment foster care mileage whenever the payee is the foster home and related to a PATH foster child.**

- *Fill out at the end of each month and submit to your social worker within 30 days of the end of the month. **Requests received after that date will not be reimbursed.***
- *At the end of the fiscal year (June 30) it must be submitted within the first two weeks of July. **Requests received after that date will not be reimbursed.***

**NOTE: This form does not need to be attached to a Foster Parent Reimbursement form.**

**This will be the only mileage form accepted for mileage incurred.**

**Activity Month:** Indicate the month the mileage was incurred. **Only one mileage form per month, per home will be accepted.**

**Date:** Indicate the date the mileage took place.

**Foster Children's Name(s):** Include mileage for ALL foster children placed in your home for the activity month.

**Total Mileage:** Total number of driving miles traveled relating to a PATH foster child.

**Reason Mileage Incurred:** Purpose of trip (e.g. home visit, perm/treatment plan, etc.) and destination (e.g. Fargo, Bismarck, etc.).

*Per diem reimbursements cover e.g., transportation to & from school, youth groups, school sports/activities, 4H, boy scouts or girl scouts, church, karate, Tai Kwon Do, dance & recreational related activities. Excessive mileage for these activities can be considered as exceptional mileage as outlined in the policy.*

**Reference Related Treatment Plan Goal (If Applicable):** If this is an exceptional expense, you must reference the goal made in the treatment plan.

*Any exceptions to the policy must be discussed and approved in the pre-placement meeting and/or in the treatment planning team.*

**Total Mileage:** Please calculate and record the total mileage for the entire month.

**Signatures:** The foster parent must sign and date this form and the social worker must initial and date this form and forward to their supervisor.

All required signatures are responsible for reviewing this form for accuracy and compliance with PATH policy.