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**Resource Family Mileage Report**

**Provider Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month: \_\_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_**

**Provider Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Child's Name** | **Date** | **Destination Address** | **Total Miles\*** | **Reason for Mileage** |
|  |  | From:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  To:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_ Case Plan \_\_\_\_ Court Hearing  \_\_\_\_ Family Visit \_\_ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | From:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  To:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_ Case Plan \_\_\_\_ Court Hearing  \_\_\_\_ Family Visit \_\_ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | From:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  To:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_ Case Plan \_\_\_\_ Court Hearing  \_\_\_\_ Family Visit \_\_ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | From:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  To:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_ Case Plan \_\_\_\_ Court Hearing  \_\_\_\_ Family Visit \_\_ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | From:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  To:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_ Case Plan \_\_\_\_ Court Hearing  \_\_\_\_ Family Visit \_\_ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | From:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  To:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_ Case Plan \_\_\_\_ Court Hearing  \_\_\_\_ Family Visit \_\_ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | From:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  To:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_ Case Plan \_\_\_\_ Court Hearing  \_\_\_\_ Family Visit \_\_ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

\*20 miles one way or 40 round trip are covered in the daily per diem foster care rate. Please put only the miles over the 20 one way or 40 round trip.

**Total Miles Driven: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ x $.40 = $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Reimbursement**

**I certify that the above information is accurate and represents mileage driven to perform my duties as a Resource Foster Family.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_ Worker Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_**