

## Transportation Reimbursement Form Instructions

PLEASE:

1. Fill out ALL information.
2. Only *one* child per form; *one* month per form
3. Make sure you sign the form.
4. Return form to caseworker within 45 days.

### Payment Guideline for Foster Parent Transportation Reimbursements

General Transportation Form is used for non-medical transportation of children to and from family visits (which is part of the service plan) and is more than 10 miles from the visitation site. Also for transportation to school (when the school district does not provide such transportation). Reimbursement rate is at the current federal reimbursement rate which is currently .56 cents a mile.

Medical Transportation is provided through the transportation brokerage used for doctor, dentist, WIC and counseling appointments which are covered by the child's medical card and can be reimbursed through the brokerage for .25 cents a mile. This must be set up PRIOR to the transportation occurring.

For **Baker City** call- 541-249-5230

For **Enterprise** call-541-263-7636

For **La Grande** call-541-624-3082

For **Toll-Free** call-877-875-4657

There are several web sites that can assist you with the number of miles from starting point to end point of your transport. Your odometer is also another tool that will be useful for clocking mileage. There are columns provided on the form asking for the total miles traveled.

Child/Children must be in the vehicle in order to claim the miles traveled. Transporting more than one child at the same time is considered one trip for all.

Forms are to be turned-in monthly to the caseworker and within 45 days. Any forms turned in after 45 days require an explanation for reasons why the form was late, then will need an exception made by the Office Manager in order for the payment process to proceed.

Following trips CANNOT be included on the transportation reimbursement claims: to pick up Prescriptions or Respite care, to school for forgotten lunches or homework, paying fees, etc. Special events holiday activities, school conferences/IEP meeting, sports practice or after school activities, DHS office to drop off paperwork or utilize DHS clothing closet, CRB (Citizen Review Board) meetings, Court, OSLC Parents Training, Boys and Girls Club mentoring.

If you have any questions please contact- Summer Dodds 541-605-7051

# FOSTER PARENT TRANSPORTATION CLAIM

Branch 01-Baker

Please (1) fill out ALL required information; (2) use one form for each month; (3) RETURN completed form to caseworker within 45 days

Roster Parent: \_\_\_\_\_ Provider #: \_\_\_\_\_ Month: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_ Caseworker: \_\_\_\_\_

Children Transported: 1) \_\_\_\_\_ Case #: \_\_\_\_\_ Person Letter: \_\_\_\_\_

2) \_\_\_\_\_ Case #: \_\_\_\_\_ Person Letter: \_\_\_\_\_

3) \_\_\_\_\_ Case #: \_\_\_\_\_ Person Letter: \_\_\_\_\_

4) \_\_\_\_\_ Case #: \_\_\_\_\_ Person Letter: \_\_\_\_\_

Foster Parent has requested reimbursement for medical transportation provided to child(ren) listed above. Child(ren) had no other resource available.

Date	Child(ren) Transported <small>(Case#/Person Ltr)</small>	Destination Name, Address, Reason (please be specific) <small>(Home/1202 N Street La Grande/Counseling or Home/Dr. Miller 680 Blvd Ontario/Dental)</small>	Total Round Trip Miles	Times .56 Per Mile	TOTAL
				x .56	
				x .56	
				x .56	
				x .56	
				x .56	
				x .56	
				x .56	
				x .56	
				x .56	
				x .56	

Foster Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Caseworker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_