Provider Name:			Address:						Provider ID:
Client Name:					Client ID:				
Caretaker Name:				Caretak	Caretaker Address:				
		FOSTER PARENT PRIVATE VEHICLE USAGE REPORT	RENT PRIV	ATE VEH	ICLE US	SAGE R	EPORT		
DATE (MMDDYY)	FROM	TO (Location including City)	Beginning Odometer (whole miles only)	Ending Odometer (whole miles only)	Visitation Miles	Case Activity Miles	Medical and Other Essential Miles	Transport to/from child's school of origin	Explanation of Miles Claimed
					FTV	FTC	FTP	FTE	
E .									
ODES:			Total (each column se	Total  (each column separately)					Please turn in mileage forms monthly
ΓV - Visitation Mil ΓC - Case Activity	es (Only mileage to Miles (Only mileage	TV - Visitation Miles (Only mileage to transport the foster child to and from visits with parents, siblings, or other relative/caregivers) TC - Case Activity Miles (Only mileage to and from reviews, court activities, case planning/staffing and placement transitions)	nd from visits of ctivities, case of	with parents, s	iblings, or	other rela	tive/caregivers)		

FTP - Medical and Other Essential Miles (Only mileage to transport foster child to and from medical, dental and mental health appointments and to and from caseworker approved essential and youth bus pass. Agency payments to parents to visit child in foster care) FTE - Transport to/from child's school of origin (Only mileage to transport foster child to and from the child's school of origin) \*Routine trips are not reimbursable, i.e., store, shopping, friend's house, school and recreational activities.

\*If transporting more than one child at the same time, mileage will only be submitted for one client.