

DCFS Foster Parent Personal Vehicle Mileage Reimbursement Form

Provider Name: _____ **Provider Address:** _____ **Provider ID:** _____
Client Name: _____ **Client ID:** _____
Caretaker Name: _____ **Caretaker Address:** _____

UTAH-DCFS
 PAY15
 Jul 2024

Date (MM/DD/YY)	From (include location)	To (include location)	Visitation miles (FTV)	Case activity miles (FTC)	Medical & other essential miles (FTP)	Transport to/from school of origin (FTE)	Total Reimbursement Amount (0.44 Per Mile)	Explanation
Total (per column)								

Service Codes:

FTV - Visitation Miles (Only mileage to transport the foster child to and from visits with parents, siblings, or other relative/caregivers)

FTC - Case Activity Miles (Only mileage to and from reviews, court activities, case planning/staffing and placement transitions)

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.*

** Please refer to DHHS website <https://dhhs.utah.gov/mileage/> for the most updated milage reimbursement rate.*

Provider's Signature

Date

Caseworker's Signature

Date

I hereby certify that this mileage was incurred for the above-designated child and the amounts are correct.