INDIANA DEPARTMENT OF CHILD SERVICES

DCS Resource Parent

Paper Invoicing Guide

(Updated October 2025)

INDIANA DEPARTMENT OF CHILD SERVICES

Table of Contents

(More on next page)

Table of Contents (cont'd)

Payments Available to Licensed Foster Parents

- **Per Diem** – Payment amount for days that ended with an overnight stay, generally invoiced monthly for each child placed in the home of a licensed foster parent. Billing information (i.e. daily rate, billing codes, etc.) can be found on the Individual Child Placement Referral (ICPR).
- **Personal Allowance** – up to $300 per child per calendar year; available after the 8th day of placement.
- **Special Occasion Allowance** - $50 for birthday and $50 during the winter holiday season.
- **Initial Clothing** – up to $200 within 60 days of initial placement, following removal from the home.
- **Travel** for certain purposes over approx 165 miles per month.
- **Educational Needs Funding** for the cost of a High School Equivalency Certificate, tutoring and summer school.

***PLEASE NOTE*: All above expenses require a referral except for Special Occasion Allowance and Travel.**

Other Payments Available to Foster Parents Receiving Per Diem

Clothing

Initial clothing & personal allotment	$200 maximum per child
Ongoing clothing	No-a request is required
School uniforms	No-a request is required unless initial
Sudden weight gain or loss	No-a request is required
Other uniforms (sports, band)	Personal Allowance
Special Circumstances	
Prom	Personal Allowance
Other special occasion	Personal Allowance

Client Travel

Mileage	In excess of approx 162 miles per month
Bus Passes	No
Transportation vouchers	No
Gas Cards	No
Taxi	No

Recreation

Team sports leagues	Personal Allowance
Lessons (sports, music, dance)	Personal Allowance
Special events	Personal Allowance
Summer camp	Personal Allowance
Musical instruments	Personal Allowance
Sporting equipment	Personal Allowance
Youth club dues	Personal Allowance
Community center dues	Personal Allowance

Supplies

School supplies	No - per diem funds
Personal incidents	No - per diem funds
Phone cards	No

Education

Application fees	Personal Allowance
Class pictures	Personal Allowance
Computer hardware/software	Personal Allowance
Driver's education	Personal Allowance (unless eligible for IL)
Electronic devices (laptop, etc)	Personal Allowance
Extra curricular activities	Personal Allowance
Field trips	Personal Allowance
Graduation Items	Personal Allowance
Preschool	Personal Allowance-if school not obligated
Alternative schools	No
Book rental fees	D.O.E. Cannot charge for Wards
Summer school/programs	Yes
Tutoring	Yes

Miscellaneous

Day Care/Respite	No
Bed & Bedding	No
Car seat	Contact Foster Care Specialist

Special Occasion Allowance

Birthday - $50 (no referral)	must be in foster care on day of birthday
December holiday - $50 (no referral)	must be in foster care on December 25th

Initial Clothing - available anytime within the first 60 days of placement. Purchase must be made within 30 days of receipt of voucher/referral.

Personal Allowance - Each child will receive an annual personal allowance up to **$300** per calendar year. The child must be in placement **8** consecutive days to quality. Service referral is needed.

Car Seats - DCS will pay for the car seat if needed at the time of initial removal or unplanned/emergency placement when one is not readily available. Cars seats are to be purchased through the QPA vendor and inventoried at the local county DCS offices for distribution as needed.

Travel Reimbursement - must be in excess of 162 miles per month and paid at the state rate, available at: www.in.gov/idoa/2459.htm. No referral needed unless exception to policy.

Request for Additional Funding - the FCM will complete and submit for approval SF 54870 Request for Additional Funding form. Detail unusual circumstances, the exact reason the service/item is needed and efforts made to locate alternative funding, including community supports and services, prior to the expenditure of any additional funds. Approval or Denial will be copied to the Regional Finance Manager.

General Instructions for Completing an Invoice (i.e. Claim for Support of Children)

- **BOX 1. Name of vendor**-*This is your legal name used on the Vendor Forms when submitted to start receiving payment from DCS*
- **BOX 2. Last 4 digits of Tax ID / SSN**- *Last 4 digits of your SSN.*
- **BOX 3. ST Number**- *This is the DCS Vendor ID that was assigned when you signed up as a vendor to receive payment from DCS.*
- **BOX 4. Invoice Number**- *This is a unique identifier that you create for each invoice and can be anything up to 8 total characters; i.e. letters, numbers and/or characters, as long as no longer than 8 total.* ***THIS IS REQUIRED ON EVERY INVOICE AND MUST BE DIFFERENT ON EVERY INVOICE.*** *Examples ("Mar2021" or "Apr2021")*
- **BOX 5. Date of Invoice**- *This is the current date when submitting an invoice. This date has to be within 10 business days of the date your invoice is stamped into our office and must be after the last date of placement you're billing for. The best practice is to use the date you mail your claim as your invoice date.* ******Please do not date or mail your invoice until AFTER the last date you are billing. For example, your invoice with April placement dates should have an Invoice Date of May 1st or after and should be mailed on or very near the May 1 Invoice Date. ******
- **BOX 6. Address**- *This is your current and complete address (including city, state, zip). This address MUST match the address we have in our system in order for us to process your claim.* ***IMPORTANT: If you move, you must complete a W-9 timely to have your address changed with our office. Failure to do so will likely result in payment delays.***
- **BOX 7. Invoice Type**- *If it is the first time you are billing an expense, you would mark First Bill. If it is something you are rebilling after a denial, you would mark Re-Bill. If it is something you are appealing as it's over 90 days old, you would mark Appeal.*
- **BOX 8. Page ____ of _____ Pages**- *This is the number of pages your invoice contains. For example, if your invoice is 1 page, you would enter Page 1 of 1 Pages. If your invoice is 2 pages, you would enter 1 of 2 on the first page and 2 of 2 on the second page.*
- **BOX 9. Invoice Service Type**- *Please check the box for whichever applies: "Foster Parent," "Relative," or "Material Assistance / Day Care"*
- **BOX 10. For the period**- *This is the first and last days of the month being billed on the invoice. For example, if you are billing for placement dates of 1/1/2021 thru 1/17/2021, or for a purchase made 1/20/2021 then the period would be "From January 1, 2021 To January 31, 2021."*
- **BOX 11. Total of Claim**- *This is the sum of all the invoice lines you are billing.*
- **BOX 12. Billable Unit Referral ID**-*When billing for per diem, this is the PL# that is located near the bottom of the child's ICPR. When billing for Personal Allowance, this is the RF number from the service referral. Please leave blank when billing for birthday or holiday allowance, as there is no referral for those.*

General Instructions for Completing an Invoice (i.e. Claim for Support of Children) (cont'd)

- **BOX 13. Case ID-** *This is found near the bottom of the child's ICPR.*
- **BOX 14. Name/Comments/Documentation-** *Name of the foster child, plus any additional information that would help explain anything unusual about the expense. For example, please provide some explanation if submitting an Appeal for an expense more than 90 days old; also when a receipt date is outside of normal purchase timeline for a birthday or holiday gift.*
- **BOX 15. Billing Code-** *The Billing Code is found near the bottom of the child's ICPR or in the gray bar of the service referral.*
- **BOX 16. Dates of Service Begin-** *First day of the month you're billing for when billing per diem, child's birthday when billing for Birthday Allowance, date of winter holiday for Holiday Allowance, or date of purchase for other expenses.*
- **BOX 17. Dates of Service End-** *For per diem, this is the last day of placement for the billing month. Please remember that DCS pays for the day the child enters placement, but not the day the child leaves. For example, If you are billing for per diem for the month of March [31 days], and the child left your home on March 31st, then you can claim only through March 30th [30 days]. This is the child's birthday when billing for Birthday Allowance, date of winter holiday for Holiday Allowance, or date of purchase for other expenses.*
- **BOX 18. Unit-** *When billing per diem, this is the number of days you are claiming. Example (31 days=31 units). When invoicing for purchases, please use the number "1" for Unit.*
- **BOX 19. Rate-** *For per diem, this is the dollar amount on the child's ICPR that was determined by the Child & Adolescent Needs and Strengths (CANS) assessment. If there is a change in rate for any reason, the child will receive a new ICPR with a new PL#. If this occurs mid-month, per diem will need to be submitted on 2 invoice lines for the child, using information from each ICPR for each invoice line. When billing for purchases, please use the actual purchase amount(s) for rate. Multiple purchases on the same date for the same child can be combined into 1 invoice line with the total amount spent for Rate.*
- **BOX 20. Total Cost-** *This total is arrived at by multiplying the number of units by the rate you are billing.*
  For example: 31 units [days] at a rate of $20.47 would be 31 x $20.47=$634.57 Total Cost.
- **BOX 21. Signature of vendor-** *This is the signature of the person who is on the vendor forms that you submitted to receive payments.* ***THIS IS REQUIRED AND MUST BE AN ORIGINAL SIGNATURE. COPIES ARE NOT ACCEPTABLE AND WILL RESULT IN PAYMENT DELAYS. ALL PAGES MUST BE SIGNED. BLUE INK IS RECOMMENDED.***
- **BOX 22. Printed name of signer-** *Please print your name*
- **BOX 23. Date-** *This is the date that you sign the invoice; should be current and should be the same date as Date of Invoice (box 5)*
- **BOX 24. E-mail address of vendor-** *Please provide the best email contact for us to be able to send correspondence if there is an issue with your invoice.*
- **BOX 25. Telephone number of vendor-** *Please provide the phone number that provides the best chance of contacting you during business hours if there is an issue with your invoice.*

Per Diem

- Licensed foster parents are entitled to a daily payment amount for each child placed in their home by DCS, for each day that ended with an overnight stay.
- These payments are meant to cover the reasonable cost of food, clothing, shelter, daily supervision, travel expenses for visitation with the child's family and travel to and from the child's school, personal incidentals for the child, and school supplies.
- Foster parents should receive for each child placed with them an Individual Child Placement Referral (ICPR), which includes the daily rate of payment, as well as information needed to invoice for per diem (i.e. Billable Unit Referral ID [PL number], Case ID, Billing Code and Rate).
- New ICPR's are generated at the beginning of each calendar year and on those occasions when a child changes category of service or age category.
- Please remember that DCS pays for the day the child arrives in your home, but not the day the child leaves. So if a child arrived on the 5th and left on the 10th, you would bill for 5 days (5th thru the 9th).
- Per diem should be submitted on a separate invoice from any other expenses so that processing of the higher-dollar per diem invoices can proceed as quickly as possible, generally 7-14 business days from the date the invoice is received.

INDIANA DEPARTMENT OF CHILD SERVICES

Example Invoice for Per Diem

Please note that original signature is required in box 21 as are current dates in box 5 & 23

CLAIM FOR SUPPORT OF CHILDREN
Payable from Family and Children Funds
State Form 28808 (R16 / 10-15) / DCS 0327
Approved by State Board of Accounts, 2015
INDIANA DEPARTMENT OF CHILD SERVICES

1. Name of vendor	2. Last four digits of Tax ID/SSN	3. ST number	4. Invoice number	5. Date of invoice
JANE DOE	1234	ST00001234	JUN-21	7/1/2021

6. Address (*number and street, city, state, and ZIP code*)	7. Invoice Type	8. Page
123 FOSTER STREET, ANYTOWN, IN 46789	☑ First Bill ☐ Rate Adjust ☐ Re-Bill ☐ Appeal	1 of 1 Pages

9. Invoice Service Type
☐ Residential ☐ LCPA ☐ Relative ☑ Foster Parent ☐ Family Preservation ☐ Older Youth ☐ Adoption
☐ Home Builders ☐ CMHC ☐ Medicaid ☐ Group ☐ Court ☐ Reports

10. For the period:	11. Total of Claim
From: JUNE 1, Year 2021 to JUNE 30, Year 2021	$ 1,280.70

	CHILDREN FOR WHOSE SUPPORT AND ALLOWANCES ARE DUE AND PAYABLE					DATES OF SERVICE				
	12. COUNTY	13. BILLABLE UNIT REFERRAL ID	14. CASE ID	15. NAME / COMMENTS / DOCUMENTATION	16. BILLING CODE	17. BEGIN	18. END	19. UNIT	20. RATE	21. TOTAL COST
1	MARION	PL-123456	12345678	JOHNNY WARD	20721.11478	06/01/21	06/30/21	30.00	20.47	614.10
2	HENDRICKS	PL-234567	23456789	JANIE DOE	20721.11480	06/01/21	06/30/21	30.00	22.22	666.60
3										
4										
5										
6										
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8										
9										
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14										
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16										

Pursuant to the provisions and penalties of Indiana Code 5-11-10-1, I hereby certify that the foregoing invoice is just and correct, that the amount claimed is legally due, after allowing all just credits, and that no part of the same has been paid. Page Total 1,280.70

I hereby swear and affirm under the penalties of perjury the attached bill contains the actual placement and/or service costs provided for the individual listed on such bill. The dates, days, hours and units of time and costs for placement or service are true and accurate. I understand that in submitting this that I am under oath stating and affirming that these services were provided and fully understand that these services may be independently audited and that any discrepancy may be referred to a local prosecutor for criminal prosecution.

22. Signature of vendor	23. Telephone number of vendor	24. E-mail address of vendor	25. Date (*month, day, year*)
Jane Doe	317-555-1234	JANE.DOE@GMAIL.COM	7/1/2021

Personal Allowance

- Up to $300 **Personal Allowance** is available per calendar year for each child in placement, starting day 8 of placement, for items such as computer hardware & software, field trips, class pictures, extracurricular activities, musical instruments, sporting equipment, electronic devices (e-readers, laptops, iPod, Xbox, etc.), prom dress or other special occasion clothing.
- When an item to be purchased with **Personal Allowance** funds is identified, please contact the child's Family Case Manager (FCM), as a referral is needed in order to proceed with the purchase and to obtain reimbursement. Please note also that the referral period will need to include date(s) of purchase.
- When invoicing for reimbursement, be sure to use the Billable Unit Referral ID (i.e. RF number), Case ID and Billing Code from the referral.
- **Be sure to attach receipt(s) to the invoice, as those are required** (copies of receipts are preferred vs. original receipts, as receipt paper often fades).
- These expenses should be submitted on a separate invoice from the per diem, so that processing of the higher-dollar per diem invoices can proceed as quickly as possible. Payment timeline for expenses other than per diem is approx 2-3 weeks from the date the invoice is received.
- **The following items are not permitted:** piercings, tattoos, tobacco products, alcoholic products or beverages, firearms/weapons, fireworks, lottery tickets, gift cards (gas, VISA, Wal-Mart, etc.), cash, checks or money orders. (An exception may be made to purchase a gaming system gift card when the child has a gaming console and the only option to purchase a game is through a gaming system gift card.)

INDIANA DEPARTMENT OF CHILD SERVICES

Birthday / Holiday Allowance (i.e. Special Occasion Allowance)

- Resource parents are encouraged to purchase birthday & holiday gifts for children in their care. DCS will reimburse resource parents up to $50 for **Birthday Allowance** for each child placed with them on the child's birthday and up to $50 for **Holiday Allowance** for each child placed with them during the winter holiday season.
- Invoices for **Birthday Allowance** can be submitted on or after the child's birthday; invoices can be submitted for **Holiday Allowance** on or after the winter holiday.
- There are no referrals for Birthday or Holiday Allowances, so when invoicing, Billable Unit Referral ID will be blank. Please provide Case ID and Person ID from the Child's ICPR. Billing Code is 30002.11492 for Holiday Allowance and 30002.11493 for Birthday Allowance.
- These expenses should be submitted on a separate invoice from the per diem, so that processing of the higher-dollar per diem invoices can proceed as quickly as possible. Payment timeline for expenses other than per diem is approx 2-3 weeks from the date the invoice is received.
- **Be sure to attach receipt(s) to the invoice, as those are required** (copies of receipts are preferred vs. original receipts, as receipt paper often fades).
- **The following items are not permitted:** piercings, tattoos, tobacco products, alcoholic products or beverages, firearms/weapons, fireworks, lottery tickets, gift cards (gas, VISA, Wal-Mart, etc.), cash, checks or money orders. (An exception may be made to purchase a gaming system gift card when the child has a gaming console and the only option to purchase a game is through a gaming system gift card.)

Example Invoice for Personal Allowance & Birthday Allowance

CLAIM FOR SUPPORT OF CHILDREN
Payable from Family and Children Funds
State Form 28808 (R16 / 10-15) / DCS 0327
Approved by State Board of Accounts, 2015
INDIANA DEPARTMENT OF CHILD SERVICES

1. Name of vendor	2. Last four digits of Tax ID/SSN	3. ST number	4. Invoice number	5. Date of invoice
JANE DOE	1234	ST00001234	JUN-21	7/1/2021

6. Address (*number and street, city, state, and ZIP code*)	7. Invoice Type	8. Page
123 FOSTER STREET, ANYTOWN, IN 46789	☑ First Bill ☐ Rate Adjust ☐ Re-Bill ☐ Appeal	1 of 1 Pages

9. Invoice Service Type
☐ Residential ☐ LCPA ☐ Relative ☑ Foster Parent ☐ Family Preservation ☐ Older Youth ☐ Adoption
☐ Home Builders ☐ CMHC ☐ Medicaid ☐ Group ☐ Court ☐ Reports

10. For the period:	11. Total of Claim
From: JUNE 1, Year 2021 to JUNE 30, Year 2021	$ 260.00

	CHILDREN FOR WHOSE SUPPORT AND ALLOWANCES ARE DUE AND PAYABLE					DATES OF SERVICE				
	12. COUNTY	13. BILLABLE UNIT REFERRAL ID	14. CASE ID	15. NAME / COMMENTS / DOCUMENTATION	16. BILLING CODE	17. BEGIN	18. END	19. UNIT	20. RATE	21. TOTAL COST
1	MARION	RF0012345	12345678	JOHNNY WARD - SWIMMING LESSONS	30002.11	06/05/21	06/05/21	1.00	150.00	150.00
2	HENDRICKS	RF0023456	23456789	JANIE DOE - SOCCER LEAGUE FEES	30002.14	06/12/21	06/12/21	1.00	60.00	60.00
3										
4	HENDRICKS		23456789	JANIE DOE (PID 34567890) - Birthday Allowance	30002.11493	06/17/21	06/17/21	1.00	50.00	50.00
5										
6										
7										
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9										
10										
11										
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15										
16										

Pursuant to the provisions and penalties of Indiana Code 5-11-10-1, I hereby certify that the foregoing invoice is just and correct, that the amount claimed is legally due, after allowing all just credits, and that no part of the same has been paid. Page Total 260.00

I hereby swear and affirm under the penalties of perjury the attached bill contains the actual placement and/or service costs provided for the individual listed on such bill. The dates, days, hours and units of time and costs for placement or service are true and accurate. I understand that in submitting this that I am under oath stating and affirming that these services were provided and fully understand that these services may be independently audited and that any discrepancy may be referred to a local prosecutor for criminal prosecution.

22. Signature of vendor	23. Telephone number of vendor	24. E-mail address of vendor	25. Date (*month, day, year*)
Jane Doe	317-555-1234	JANE.DOE@GMAIL.COM	7/1/2021

Initial Clothing & Personal Items Allotment

- When a child is first removed from the home, up to $200 is available during the first 60 days for **needed** clothing and personal items such as socks, shoes/boots, coats, toiletries, personal hygiene items, undergarments and hair products.
- When such a need is identified, contact the child's Family Case Manager (FCM), as a referral is needed in order to proceed with the purchase and to obtain reimbursement. It's also important that the referral period will need to include date(s) of purchase.
- Vouchers are available in some areas of the state, whereby the store will invoice DCS directly. The child's FCM can advise whether that is an available option in your area.
- When invoicing for reimbursement, be sure to use the Billable Unit Referral ID (i.e. RF number), Case ID and Billing Code from the referral.
- **Be sure to attach receipt(s) to the invoice, as those are required** (copies of receipts are preferred vs. original receipts, as receipt paper often fades).
- These expenses should be submitted on a separate invoice from the per diem, so that processing of the higher-dollar per diem invoices can proceed as quickly as possible. Payment timeline for expenses other than per diem is 2-3 weeks from the date the invoice is received.

Example Invoice – Initial Clothing & Personal Items Allotment

Please note that original signature is required in box 21 as are current dates in box 5 & 23

CLAIM FOR SUPPORT OF CHILDREN
Payable from Family and Children Funds
State Form 28808 (R16 / 10-15) / DCS 0327
Approved by State Board of Accounts, 2015
INDIANA DEPARTMENT OF CHILD SERVICES

1. Name of vendor	2. Last four digits of Tax ID/SSN	3. ST number	4. Invoice number	5. Date of invoice
JANE DOE	1234	ST00001234	JUN-21	7/1/2021

6. Address (*number and street, city, state, and ZIP code*)	7. Invoice Type	8. Page
123 FOSTER STREET, ANYTOWN, IN 46789	☑ First Bill ☐ Rate Adjust ☐ Re-Bill ☐ Appeal	1 of 1 Pages

9. Invoice Service Type

☐ Residential ☐ LCPA ☐ Relative ☑ Foster Parent ☐ Family Preservation ☐ Older Youth ☐ Adoption
☐ Home Builders ☐ CMHC ☐ Medicaid ☐ Group ☐ Court ☐ Reports

10. For the period:	11. Total of Claim
From: JUNE 1, Year 2021 to JUNE 30, Year 2021	$ **85.59**

	CHILDREN FOR WHOSE SUPPORT AND ALLOWANCES ARE DUE AND PAYABLE					DATES OF SERVICE				
	12. COUNTY	13. BILLABLE UNIT REFERRAL ID	14. CASE ID	15. NAME / COMMENTS / DOCUMENTATION	16. BILLING CODE	17. BEGIN	18. END	19. UNIT	20. RATE	21. TOTAL COST
1	MARION	RF0012345	12345678	JOHNNY WARD - INITIAL CLOTHING PURCHASED	30002.9	06/05/21	06/05/21	1.00	85.59	85.59
2										
3										
4										
5										
6										
7										
8										
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11										
12										
13										
14										
15										
16										

Pursuant to the provisions and penalties of Indiana Code 5-11-10-1, I hereby certify that the foregoing invoice is just and correct, that the amount claimed is legally due, after allowing all just credits, and that no part of the same has been paid.

Page Total **85.59**

I hereby swear and affirm under the penalties of perjury the attached bill contains the actual placement and/or service costs provided for the individual listed on such bill. The dates, days, hours and units of time and costs for placement or service are true and accurate. I understand that in submitting this that I am under oath stating and affirming that these services were provided and fully understand that these services may be independently audited and that any discrepancy may be referred to a local prosecutor for criminal prosecution.

22. Signature of vendor	23. Telephone number of vendor	24. E-mail address of vendor	25. Date (*month, day, year*)
Jane Doe	317-555-1234	JANE.DOE@GMAIL.COM	7/1/2021

Invoicing for Foster Parent Travel (Receiving Per Diem)

- Foster Care per diem rates include approx 5.3 miles per day or approx 165 miles per child per month, so the **Foster Parent Travel Invoice (RECEIVING Per Diem)** provides a mechanism for billing DCS when **allowable** mileage per month exceeds 165 miles per child.
- **Allowable** mileage includes the following:
  1. Travel between the foster home and **school**, to the extent that school transportation is not provided.
  2. Travel to **physical or behavioral health appointments**.
  3. Travel for **administrative case or judicial review, team meetings, foster parent training or visitations**.
  4. Travel for **Head Start, summer school, pre-school, summer camp or driver's education classes.***
  5. Travel for youth 14 and older to and from **employment or job search.**
  6. **Other**: Must be authorized by DCS and must have prior Local Office Director approval before the trip. Please attach authorization to the travel invoice.
- Each Travel Invoice must include mileage for a single month and must include all children for which mileage is claimed.
- Please use **Google Maps** (www.google.com/maps/dir/) to determine distances. If more than one route is offered, please be sure to use the **shortest distance** from those offered.
- **Please note that the mileage rate is subject to change.**
  Current and previous rates are available at: www.in.gov/idoa/2459.htm
- Using the **Excel** version of the Foster Parent Travel Invoice allows calculations to occur automatically, and includes multiple rates available to accommodate changes in rate.
- The Foster Parent Travel Invoice as well as more specific instructions are available on the **Licensed Foster Parent Resources** page of the DCS website: www.in.gov/dcs/2985.htm

***Please note that travel to/from day care & Early Head Start is NOT included in allowable mileage.**

Example Foster Parent Travel Invoice (Receiving Per Diem)

INDIANA DEPARTMENT OF CHILD SERVICES

FOSTER PARENT TRAVEL INVOICE (RECEIVING Per Diem)
State Form 54836 (R10 / 7-16)
Approved by State Board of Accounts, 2016
INDIANA DEPARTMENT OF CHILD SERVICES

INSTRUCTIONS:
1. ***All children that are being claimed must be listed on same invoice; separate invoice for each child are not permitted.***
2. *Record each segment of travel (Round Trip will be two lines) including starting and destination addresses.*
3. *Use MapQuest website to determine mileage. Must use shortest route function.*
4. *Provide Reason Code for each segment of travel as defined below.*
5. *Use multiple sheets as needed.*
6. *Invoice must be for only one month at a time.*
7. *Invoice must be sent to KidTraks Invoicing at the address below.*
8. *CPA foster parents will not have a ST number.*

Reason Codes

1 Travel between the foster home and school, to the extent that school transportation is not provided.
2 Travel to physical or behavioral health appointments.
3 Travel for administrative case or judicial review, team meetings, foster parent training or visitations.
4 Travel for Headstart, summer school, pre-school, summer camp or driver's education class.
5 Travel for youth sixteen (16) year and older to and from employment or searching for job.
6 Other: Must be authorized by Department and must have prior Local Office Director approval before the trip, please attach authorization.

DCS KidTraks Invoicing
Room W 364, MS 54
402 W Washington St.
Indianapolis, IN 46204

Child Person ID	Days in home
123456789	31

Month of Travel	Aug-16
Mileage Rate	$0.38

Date	Starting Address *(number and street, city, state and ZIP code)*:	Destination Address *(number and street, city, state and ZIP code)*:	Reason Code	Miles Driven
8/1/2021	123 Foster Street, Anytown, IN 46789	789 Elm Street, Othertown, IN 47890	2	50
8/1/2021	789 Elm Street, Othertown, IN 47890	123 Foster Street, Anytown, IN 46789	2	50
8/8/2021	123 Foster Street, Anytown, IN 46789	789 Elm Street, Othertown, IN 47890	2	50
8/8/2021	789 Elm Street, Othertown, IN 47890	123 Foster Street, Anytown, IN 46789	2	50
8/15/2021	123 Foster Street, Anytown, IN 46789	789 Elm Street, Othertown, IN 47890	2	50
8/15/2021	789 Elm Street, Othertown, IN 47890	123 Foster Street, Anytown, IN 46789	2	50
8/23/2021	123 Foster Street, Anytown, IN 46789	789 Elm Street, Othertown, IN 47890	2	50
8/23/2021	789 Elm Street, Othertown, IN 47890	123 Foster Street, Anytown, IN 46789	2	50
8/30/2021	123 Foster Street, Anytown, IN 46789	789 Elm Street, Othertown, IN 47890	2	50
8/30/2021	789 Elm Street, Othertown, IN 47890	123 Foster Street, Anytown, IN 46789	2	50

Pursuant to the provision and penalties of Indiana Code 5-11-10-1, I hereby certify that the foregoing invoice is just and correct, that the amount claimed is legally due, after allowing all just credits, and that no part of the same has been paid.

I hereby swear and affirm under the penalties of perjury the attached bill contains the actual travel costs provided for the individual(s) listed on such bill. The dates, destinations, reasons and mileage for travel are true and accurate. I understand that in submitting this that I am under oath stating and affirming that this travel was provided and fully understand that this may be independently audited and that any discrepancy may be referred to a local prosecutor for criminal prosecution.

Total Miles Driven (All)	500
Total Days Child(ren) in Home	31
Miles Paid in Per Diem	165
Total Reimbursable Miles	335
Total Claimable $	$127.30

Foster Family Name	Foster Family Address *(number and street, city, state and ZIP code)*	
Jane Doe	123 Foster Street, Anytown, IN 46789	
Foster Family Email Address	**Foster Family ST Number**	**Foster Family License Number**
Jane.Doe@gmail.com	ST00001234	123456789
Foster Family Signature	**Foster Family Telephone Number**	**Date of Signature *(month, day, year)***
Jane Doe	317-555-1234	9/1/2021

Assistance for Unlicensed Relatives

- **Initial Clothing** – up to $200 available within the first 60 days of the initial placement, following removal from the home.
- **Personal Allowance** – up to $300 per child per calendar year, available after the 8th day of placement.
- **Special Occasion Allowance** - $50 for birthday and $50 during the winter holiday season.
- **Travel** for certain purposes.
- **Respite Care** – up to 5 days each calendar year and must be in a licensed resource parent's home.
- **Child Care Allowance** – up to $18 per day ($90 per week) per child for licensed child care cost for relatives who work or attend school. Available up to 6 months or until CCDF begins.
- **Bedding Allowance** – one-time payment; up to $400 per child.
- **Educational Needs Funding --** for the cost of a High School Equivalency Certificate, tutoring and summer school.

PLEASE NOTE: All above expenses require a referral except for Special Occasion Allowance and Travel.

Payments Made to Unlicensed Relative Placements

Clothing

Initial clothing & personal allotment	$200 maximum per child
Clothing - **Director's Note**	$300 extra with request approval of LOD
School uniforms	No-a request is required unless initial
Sudden weight gain or loss	No-a request is required
Other uniforms (sports, band)	Personal Allowance
Special Circumstances	
Prom	Personal Allowance
Other special occasion	Personal Allowance

Bedding

Bed and bedding	up to $400 per lifetime, per child
*one time payment - approved referral must be in place prior to purchase & items go with child when moved.	

Client Travel

Mileage	Yes - begins at mile 1
Bus Passes	No
Transportation vouchers	No
Gas Cards	No
Taxi	No

Recreation

Team sports leagues	Personal Allowance
Lessons (sports, music, dance)	Personal Allowance
Special events (prom dress, etc)	Personal Allowance
Summer camp	Personal Allowance
Musical instruments	Personal Allowance
Sporting equipment	Personal Allowance
Youth club dues	Personal Allowance
Community center dues	Personal Allowance

Respite

Respite	Up to 5 days per calendar year
*must be in a licensed foster parent home - referral required *per diem based on level 1 of supervision and age of child	

Supplies

School supplies	No
Personal incidents	No
Phone cards	No

Education

Application fees	Personal Allowance
Class pictures	Personal Allowance
Computer hardware/software	Personal Allowance
Driver's education	Personal Allowance (unless eligible for federal IL funding)
Electronic devices (laptop, etc)	Personal Allowance
Extra curricular activities	Personal Allowance
Field trips	Personal Allowance
Graduation Items	Personal Allowance
Preschool	Personal Allowance-if school not obligated to pay
Alternative schools	No
Book rental fees	D.O.E. Cannot charge for Wards
Summer school/programs	Yes
Tutoring	Yes

Miscellaneous

Car seats	Contact Relative Care Specialist
Miscellaneous - **Director's Note**	$300 extra with request approval of LOD

Special Occasion Allowance

Birthday - $50 (no referral)	must be in relative's care on day of birthday
December holiday - $50 (no referral)	must be in relative's care on December 25th

Child Care

Child Care	$18/day - $90/week
*only if needed during work or school hours *will pay per child up to 6 months only: if relative becomes licensed or begins receiving CCDF, funding will end *child care center or home that is licensed, registered, or the appropriate background checks have been conducted	

Initial Clothing & Personal Items Allotment - available during first 60 days of placement. Purchase must be made within 30 days of receipt of voucher/referral.

Personal Allowance - Each child will receive an annual personal allowance up to **$300** per calendar year. The child must be in placement **8** consecutive days to quality. Service referral is needed.

Car Seats - DCS will pay for the car seat if needed at the time of initial removal or unplanned/emergency placement when one is not readily available. Cars seats are to be purchased through the QPA vendor and inventoried at the local county DCS offices for distribution as needed.

Travel Reimbursement - begins at mile 1 for each child and is paid at the state rate, currently .36/mile. No service referral needed unless exception to policy

Director's Note - the LOD can approve additional funding, up to the "extra" established limits instead of the RM for children **in own home** or **with unlicensed relatives**. This would include $300 extra for clothing, $500 extra for rent and utilities and $300 extra for miscellaneous expenses. In addition there are no longer restrictions on buying clothing for children in their own home when emergencies arise with the approval of the LOD. The LOD should ensure that the Regional Finance Manager is copied on all approved additional funding requests.

Request for Additional Funding - the FCM will complete and submit for approval **SF 54870 Request for Additional Funding** form. Detail unusual circumstances, the exact reason the service/item is needed and efforts made to locate alternative funding, including community supports and services, prior to the expenditure of any additional funds. Approval or Denial will be copied to the Regional Finance Manager.

Invoicing for Resource Parent Travel (NOT Receiving Per Diem)

- **Allowable** mileage for relative travel includes the following:
  1. Travel between the relative home and **school**, to the extent that school transportation is not provided.
  2. Travel to **physical or behavioral health appointments**.
  3. Travel for **administrative case or judicial review, team meetings, foster parent training or visitations.**
  4. Travel for **Head Start, summer school, pre-school, summer camp or driver education classes.***
  5. Travel for youth 14 and older to and from **employment or job search.**
  6. **Other**: Must be authorized by DCS and must have prior Local Office Director approval before the trip. Please attach authorization to the travel invoice.
- Each Travel Invoice must include mileage for a single month and must include all children for which mileage is claimed.
- Please use **Google Maps** (www.google.com/maps/dir/) to determine distances. If more than one route is offered, please be sure to use the **shortest distance** from those offered.
- **Please note that the mileage rate is subject to change.**
  Current and previous rates are available at: www.in.gov/idoa/2459.htm
- Using the **Excel** version of the Resource Parent Travel Invoice allows calculations to occur automatically and includes multiple rates available to accommodate rate changes.
- The Resource Parent Travel Invoice as well as more specific instructions for relative travel are available on the **Forms** screen of the DCS website: www.in.gov/dcs/2328.htm

***Please note that travel to/from day care & Early Head Start is NOT included in allowable mileage.**

Example Resource Parent Travel Invoice (NOT Receiving Per Diem)

RESOURCE PARENT TRAVEL INVOICE (NOT Receiving Per Diem)
State Form 54891 (R9 / 7-16)
Approved by State Board of Accounts, 2016
INDIANA DEPARTMENT OF CHILD SERVICES

INSTRUCTIONS:
1. ***All CHILDREN WITHIN HOME DURING TIME PERIOD INVOICED MUST BE LISTED ON SAME INVOICE.***
2. *Record each segment of travel (Round Trip will be two lines) including starting and destination addresses.*
3. *Use MapQuest website to determine mileage. Must use shortest route function.*
4. *Provide Reason Code(s) for each segment of travel as defined below.*
5. *Use multiple sheets as needed.*
6. *Invoice must be for only one month at a time.*
7. *Invoice must be sent to KidTraks Invoicing at the address below.*

Reason Codes

1 Travel between the relative home and school, to the extent that school transportation is not provided.
2 Travel to physical or behavioral health appointments.
3 Travel for administrative case or judicial review, team meetings, foster parent training or visitations.
4 Travel for Headstart, summer school, pre-school, summer camp or driver's education class.
5 Travel for youth sixteen (16) year and older to and from employment or searching for job.
6 Other: Must be authorized by Department and must have prior Local Office Director approval before the trip, please attach authorization.
7 Pre-Adoptive/Pre-Placement Travel

DCS KidTraks Invoicing
Room W 364, MS 54
402 W Washington St.
Indianapolis, IN 46204

Child Person ID
123456789

Month of Travel	Aug-16
Mileage Rate	$0.44

Date	Starting Address *(number and street, city, state and ZIP code)*:	Destination Address *(number and street, city, state and ZIP code)*:	Reason Code	Miles Driven
8/1/2021	123 Foster Street, Anytown, IN 46789	789 Elm Street, Othertown, IN 47890	2	50
8/1/2021	789 Elm Street, Othertown, IN 47890	123 Foster Street, Anytown, IN 46789	2	50
8/8/2021	123 Foster Street, Anytown, IN 46789	789 Elm Street, Othertown, IN 47890	2	50
8/8/2021	789 Elm Street, Othertown, IN 47890	123 Foster Street, Anytown, IN 46789	2	50
8/15/2021	123 Foster Street, Anytown, IN 46789	789 Elm Street, Othertown, IN 47890	2	50
8/15/2021	789 Elm Street, Othertown, IN 47890	123 Foster Street, Anytown, IN 46789	2	50
8/23/2021	123 Foster Street, Anytown, IN 46789	789 Elm Street, Othertown, IN 47890	2	50
8/23/2021	789 Elm Street, Othertown, IN 47890	123 Foster Street, Anytown, IN 46789	2	50
8/30/2021	123 Foster Street, Anytown, IN 46789	789 Elm Street, Othertown, IN 47890	2	50
8/30/2021	789 Elm Street, Othertown, IN 47890	123 Foster Street, Anytown, IN 46789	2	50

Pursuant to the provision and penalties of Indiana Code 5-11-10-1, I hereby certify that the foregoing invoice is just and correct, that the amount claimed is legally due, after allowing all just credits, and that no part of the same has been paid.

Total Miles Driven (All)	500
Total Claimable $	$220.00

I hereby swear and affirm under the penalties of perjury the attached bill contains the actual travel costs provided for the individual(s) listed on such bill. The dates, destinations, reasons and mileage for travel are true and accurate. I understand that in submitting this that I am under oath stating and affirming that this travel was provided and fully understand that this may be independently audited and that any discrepancy may be referred to a local prosecutor for criminal prosecution.

Relative Family Name	Relative Family Address *(number and street, city, state and ZIP code)*	
Jane Doe	123 Foster Street, Anytown, IN 46789	
Relative Family Email Address		**Relative Family ST Number**
Jane.Doe@gmail.com		ST00001234
Relative Family Signature	**Relative Family Telephone Number**	**Date of Signature *(month, day, year)***
Jane Doe	317-555-1234	9/1/2021

Resource Parent Reimbursement of Child Care Expenses

- **Child care funding** (if needed for work or school hours) is available for **up to 6 months** to a resource parent **not receiving foster care per diem**. Funding is available **up to $18 per day or $90 per week per child**, for child care costs in a child care center or home that is **licensed, registered, or the appropriate background checks have been conducted.**

- **This funding is available for up to 6 months. If the resource parent begins receiving foster care per diem or Child Care Development Fund (CCDF) prior to the end of 6 months, the child care funding will end.**

- An invoice line for child care can include a date range for each 5-day week, with separation by month. For example, if billing includes the week of Monday 9/29/25 thru Friday 10/3/25, one invoice line would be for 2 days: Monday 9/29/25 thru Tuesday 9/30/25; the next line would be for 3 days: Wednesday 10/1/25 thru Friday 10/3/25; the next line would be for Monday 10/6/25 thru Friday 10/10/25, etc. From the referral, enter the **Billable Unit Referral ID** (RF number), the **Case ID,** the child's name, and the **Billing Code**. Enter Dates of Service, **Units** (days), **Rate** (up to $18 per day), and then **Total Cost** for each invoice line equals units (days) times the rate. An example invoice is on the next page of this guide.

- Use of the **Excel** version of the Standard Invoice - Claim for Support of Children (available at https://www.in.gov/dcs/overview/forms/) would allow copy & paste of billing information from line to line vs. writing each invoice line individually.

- **Be sure to attach receipt(s) to the invoice, as those are required** (copies of receipts are preferred vs. original receipts, as receipt paper often fades).

Example Invoice
Resource Parent Reimbursement of Child Care Expenses

Receipts are required when reimbursing resource parent…copies of receipts are preferred vs. original receipts

CLAIM FOR SUPPORT OF CHILDREN
Payable from Family and Children Funds
State Form 28808 (R19 / 6-20)
Ap[prov ed by State Board of Accounts, 2020
INDIANA DEPARTMENT OF CHILD SERVICES

1. Name of vendor	2. Last four digits of Tax ID/SSN	3. ST number	4. Invoice number	5. Date of invoice
Jane Doe	1234	ST00001234	June-21	7/3/2021

6. Address (*number and street, city, state, and ZIP code*)	7. Invoice Type	8. Page
123 Daycare Street, Anytown, IN 46789	☑ First Bill ☐ Re-Bill ☐ Appeal ☐ Deductible / Co-Pay	1 of 1 Pages

9. Invoice Service Type
☐ Adoption ☐ Cross System Care Coordination ☐ Court ☐ Drug Screen ☐ Family Preservation ☐ Family Preservation - Per Diem ☐ Foster Parent
☐ Home Builders ☐ LCPA ☑ Material Assistance / Day Care ☐ Older Youth ☐ Relative ☐ Residential

10. For the period:	11. Total of Claim
From: May 31 Year 2021 to July 2, Year 2021	$ 486.00

	CHILDREN FOR WHOSE SUPPORT AND ALLOWANCES ARE DUE AND PAYABLE				DATES OF SERVICE				
	12. BILLABLE UNIT REFERRAL ID	13. CASE ID	14. NAME / COMMENTS / DOCUMENTATION	15. BILLING CODE	16. BEGIN	17. END	18. UNIT	19. RATE	20. TOTAL COST
1	RF00012345	100000123456	Janie Doe - Daycare	10514.882	05/31/21	05/31/21	1.00	18.00	18.00
2	RF00012345	100000123456	Janie Doe - Daycare	10514.882	06/01/21	06/04/21	4.00	18.00	72.00
3	RF00012345	100000123456	Janie Doe - Daycare	10514.882	06/07/21	06/11/21	5.00	18.00	90.00
4	RF00012345	100000123456	Janie Doe - Daycare	10514.882	06/14/21	06/18/21	5.00	18.00	90.00
5	RF00012345	100000123456	Janie Doe - Daycare	10514.882	06/21/21	06/25/21	5.00	18.00	90.00
6	RF00012345	100000123456	Janie Doe - Daycare	10514.882	06/28/21	06/30/21	5.00	18.00	90.00
7	RF00012345	100000123456	Janie Doe - Daycare	10514.882	07/01/21	07/02/21	2.00	18.00	36.00
8									
9									
10									
11									
12									
13									
14									
15									
16									

Pursuant to the provisions and penalties of Indiana Code 5-11-10-1, I hereby certify that the foregoing invoice is just and correct, that the amount claimed is legally due, after allowing all just credits, and that no part of the same has been paid. Page Total 486.00

I hereby swear and affirm under the penalties of perjury the attached bill contains the actual placement and/or service costs provided for the individual listed on such bill. The dates, days, hours and units of time and costs for placement or service are true and accurate. I understand that in submitting this that I am under oath stating and affirming that these services were provided and fully understand that these services may be independently audited and that any discrepancy may be referred to a local prosecutor for criminal prosecution.

21. Signature of vendor	22. Printed name of signer	23. Date *(month, day, year)*
Jane Doe	Jane Doe	7/3/2021
24. E-mail address of signer		25. Telephone number of signer
Jane.Doe@gmail.com		317-555-1234

Invoicing DCS for Expenses for Medical Treatment / Dental Care / Prescription Medications for a Child in Your Care

- Since referrals are not generally required for these services, you can leave **Billable Unit Referral ID** blank and enter **Case ID** & **Person ID**, as well as Billing Code as follows:

  Medical Expense (including vision care): Billing Code 10000.935

  Dental Expense: Billing Code 10000.26

  Prescription Meds: Billing Code 30000.3372

- Multiple expenses per child can be combined on a single invoice line, as long as date of service is the same; otherwise, a new invoice line is needed please.

- Please remember to attach documentation supporting each expense to be reimbursed. Documentation should include an itemized bill, payment receipt, and Medicaid denial.

- A Medicaid denial or Medicaid Eligibility Inquiry sheet should be attached to each claim. The medical/dental/vision care provider will be able to provide this for you. This is important for eye and/or dental exams to show whether or not the benefit limits for the service were met prior to the current service.

- For prescriptions (including Medicaid co-pays), please attach the prescription slip that is attached to the bag, along with the receipt that indicates payment. Please ask the pharmacy for a print-out of the reason that Medicaid rejected, even if it just shows that the child is not Medicaid eligible.

- If the medication is available over-the-counter, it is not reimbursable from Medicaid or DCS. Examples include multivitamins, cold/allergy medications, acid reflux medications, ibuprofen.

- If Medicaid is approved retroactively, DCS may require reimbursement for these expenses. Please advise the medical/dental/vision care provider or pharmacy to bill Medicaid and then seek repayment from the provider. Situations involving Walgreens and CVS generally involve contacting their corporate offices: (Walgreens 317-580-0260; CVS 800-494-4287).

- Orthodontic treatment (braces) denied by Medicaid are considered cosmetic. An approved referral, Request for Additional Funding, and Medicaid denial are needed please. Payments are typically made directly to the provider as services are rendered.

INDIANA DEPARTMENT OF CHILD SERVICES

Example Invoice
Medical / Dental / Prescription Expenses

Receipts are required when reimbursing resource parent…copies of receipts are preferred vs. original receipts

CLAIM FOR SUPPORT OF CHILDREN
Payable from Family and Children Funds
State Form 28808 (R16 / 10-15) / DCS 0327
Approved by State Board of Accounts, 2015
INDIANA DEPARTMENT OF CHILD SERVICES

1. Name of vendor	2. Last four digits of Tax ID/SSN	3. ST number	4. Invoice number	5. Date of invoice
JANE DOE	1234	ST00001234	SEP-21	10/1/2021

6. Address (*number and street, city, state, and ZIP code*)	7. Invoice Type	8. Page
123 FOSTER STREET, ANYTOWN, IN 46789	☑ First Bill ☐ Rate Adjust ☐ Re-Bill ☐ Appeal	1 of 1 Pages

9. Invoice Service Type
☐ Residential ☐ LCPA ☐ Relative ☐ Foster Parent ☑ Family Preservation ☐ Older Youth ☐ Adoption
☐ Home Builders ☐ CMHC ☐ Medicaid ☐ Group ☐ Court ☐ Reports

10. For the period:	11. Total of Claim
From: SEPTEMBER 1 , Year 2021 to SEPTEMBER 30 Year 2021	$ **432.35**

	CHILDREN FOR WHOSE SUPPORT AND ALLOWANCES ARE DUE AND PAYABLE					DATES OF SERVICE				
	12. COUNTY	13. BILLABLE UNIT REFERRAL ID	14. CASE ID	15. NAME / COMMENTS / DOCUMENTATION	16. BILLING CODE	17. BEGIN	18. END	19. UNIT	20. RATE	21. TOTAL COST
1	MARION		12345678	JOHNNY WARD (PID 45678901) - Medical Expense	10000.935	09/05/21	09/05/21	1.00	150.00	150.00
2										
3	HENDRICKS		23456789	JANIE DOE (PID 34567890) - Dental Expense	10000.26	09/15/21	09/15/21	1.00	238.36	238.36
4										
5	HENDRICKS		23456789	JANIE DOE (PID 34567890) - Prescription Meds	30000.3372	09/23/21	09/23/21	1.00	43.99	43.99
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
									Page Total	**432.35**

Pursuant to the provisions and penalties of Indiana Code 5-11-10-1, I hereby certify that the foregoing invoice is just and correct, that the amount claimed is legally due, after allowing all just credits, and that no part of the same has been paid.

I hereby swear and affirm under the penalties of perjury the attached bill contains the actual placement and/or service costs provided for the individual listed on such bill. The dates, days, hours and units of time and costs for placement or service are true and accurate. I understand that in submitting this that I am under oath stating and affirming that these services were provided and fully understand that these services may be independently audited and that any discrepancy may be referred to a local prosecutor for criminal prosecution.

22. Signature of vendor	23. Telephone number of vendor	24. E-mail address of vendor	25. Date (*month, day, year*)
Jane Doe	317-555-1234	JANE.DOE@GMAIL.COM	10/1/2021

Invoice Completion & Submission Reminders

- **Per diem should be submitted on a separate invoice** from any other expense you're billing for, so per diem invoices can be expedited.
- **ICPRs and service referrals** have information necessary to invoice DCS. If you do not receive these documents, please contact the child's FCM. (Please note that Travel, Special Occasion Allowance, and Medical / Dental / Prescription expenses do **not** require a referral; all other expenses do.)
- **Per diem** invoices cannot be submitted prior to the last day of placement claimed.
- An invoice must be received within **10 business days** from the Date of Invoice and should be received within **90 days** from the end of the month that the service was provided.
- **Receipts are required** for reimbursement of expenses; **copies** are preferred.
- **Sales tax** paid can be included in a claim for reimbursement. Total reimbursement can be claimed for the item(s) purchased plus tax up to the total amount allowed by the referral and/or per policy.

Guidelines for Receipts

- **<u>Receipts are required</u>** for reimbursement of expenses, including Personal Allowance, Special Occasion Allowance, Initial Clothing, Bedding, etc. and should clearly indicate the following:
    1. Item(s) purchased
    2. Cost of the item(s)
    3. Date of purchase
    4. Child for whom the item(s) were purchased (if billing for multiple children)
- When submitting receipts for reimbursement, a legible **copy** is preferred vs. the original receipt, as receipt paper often fades, which can also be accelerated by the use of highlighters & adhesive tape. Keeping a copy (in addition to the original receipt) for yourself is recommended as well.
- Please ensure that the receipt indicates **actual payment** vs. any other shipping document you might have. This is especially pertinent for on-line purchases. Similarly, receipts for purchases via layaway should indicate **final payment and total payment amount.**
- Please make sure that information is **clearly visible** on the receipt. It's also important if you're billing for multiple children and/or the receipts include any other purchases, that you've clearly indicated on the receipts which expenses are for each child [e.g., write the child's first name next to their listed expense(s)]
- It's also very helpful if receipt information is in the **same order** as entered on the invoice.

Per Diem Invoice Submission Check-List

- ☐ Do I have an active ICPR for the dates I'm billing for?
- ☐ Will invoice submission timing be within the required guidelines (after the dates I'm billing for, and within 90 days after month's end)?
- ☐ Did I include my **Name**, **ST Number,** and **Address**?
- ☐ Did I include an **Invoice Number**, and is it different from previous invoices and also 8 characters or less (example: "Sept-25")?
- ☐ Is the **Invoice Date** current and also after the last day I'm billing for?
- ☐ Do the **PL Number**, **Case ID**, **Billing Code,** and **Rate** all match the ICPR?
- ☐ Are the **Units** reflective of the number of days of placement for the month I'm billing? (If placement ended, please do **not** bill for the day the child left).
- ☐ Does **Total Cost** equal **Units** times **Rate**?
- ☐ Does the **Page Total** equal the sum of the **Total Cost** of each placement listed?
- ☐ Does **Page Total** match the **Total of Claim**?
- ☐ **Did I remember to sign my invoice?**

Invoice Submission Check-List (Other Expenses)

- ☐ Do I have a Referral for the expense I'm billing (a referral is **not** needed for birthday & holiday allowances or medical expenses)?
- ☐ Did I attach a copy of the receipt(s) for item(s) purchased?
- ☐ Do receipts clearly indicate required information (see slide #26 for details)
- ☐ Will invoice submission timing be within the required guidelines (i.e., not before the purchase is made, not before the birthday/holiday; and will DCS receive within 10 business days of the Invoice Date)?
- ☐ Did I include my **Name**, **ST Number,** and **Address**?
- ☐ Did I include an **Invoice Number**, and is it different from previous invoices and also 8 characters or less (example: "Sept-23A")?
- ☐ Is the **Invoice Date** current and also after the last day I'm billing for?
- ☐ Do the **RF Number**, **Case ID,** and **Billing Code** all match my Referral? (RF Number is to remain blank for birthday/holiday allowance)
- ☐ Does **Total Cost** equal **Units** times **Rate**?
- ☐ Does the **Page Total** (bottom cell under box 20) equal the sum of the **Total Cost** of each expense listed?
- ☐ Does **Page Total** match the **Total of Claim**?
- ☐ **Did I remember to sign my invoice?**

Invoice Submission

An original signature is required on an invoice; submission via fax or e-mail cannot be accepted.

Once your invoice is ready to submit, please MAIL to:

DCS KidTraks Invoicing
Room W364, Mail Stop 54
402 W. Washington Street
Indianapolis, IN 46204

Payment Timeline: Payment of a per diem invoice takes approx 7 to 14 business days from the date your invoice is received. Payment of other types of expenses (e.g., mileage, personal allowance, special occasion allowance) take approx 2-3 weeks.

Please submit per diem on a separate invoice.

Vendor Forms

W-9 & Direct Deposit Forms

W-9 & Direct Deposit forms are submitted (1) for a resource parent to initially receive payment from the State of Indiana, and (2) to report a change of information on-file (e.g. new banking information and/or change of address).

Internal submission (i.e. within the State of Indiana e-mail system, including DCS local offices) of the W-9 & Direct Deposit forms should be done via scan & e-mail to DCSResourceUnit@dcs.in.gov

Otherwise, these forms can be faxed to DCS Resource Unit at 317-232-1737 or mailed to:

DCS Resource Unit
Room W364, Mail Stop 54
402 W. Washington Street
Indianapolis, IN 46204

IMPORTANT: Address changes must be submitted timely via W-9 in order to avoid payment delays.

Current W-9, Direct Deposit Form and an Instruction Sheet are available at: www.in.gov/dcs/overview/forms/

KidTraks Vendor Portal Access

Resource parents who are comfortable using a computer are encouraged to sign-up for access to the KidTraks Vendor Portal to:

1. Receive e-mail notifications for new ICPRs, referrals & payments
2. View/print ICPRs, service referrals & payment information
3. Submit invoices electronically via **KidTraks e-Invoicing**

There are 2 different versions of the KidTraks User Agreement:

- **Licensed Foster Parents: please check with your Foster Care Specialist to request KidTraks Vendor Portal access as well as Foster Care Portal access.**

- **Unlicensed Resource Parents and all other vendors can submit the** KidTraks Vendor Portal User Agreement to **DCS Resource Unit as follows:**

  Completed **KidTraks Vendor Portal User Agreement** can be scanned & e-mailed to DCSResourceUnit@dcs.in.gov or faxed to 317-232-1737 or mailed to:

  DCS Resource Unit
  402 W. Washington Street, MS 54
  Indianapolis, IN 46204

KidTraks e-Invoicing Guides are also available at https://www.in.gov/dcs/foster-care/licensed-foster-parent-resources/claims-and-invoicing/ for 4 expense types: **Foster Care Per Diem, Personal Allowance, Birthday/Holiday Allowance, and Initial Clothing Allotment.**

Additional Information Available

- **The DCS website** has a page with foster care info: www.in.gov/dcs/2985.htm
- **The claim form (i.e. Standard Invoice), Travel Invoice & other forms** are available on the Forms page of the DCS website at: https://www.in.gov/dcs/overview/forms/
- **Financial Assistance Options for Relative Caregivers Brochure:** https://www.in.gov/dcs/foster-care/kinship-indiana-support-services/financial-resources/
- **Your Foster Care Specialist or Relative Support Specialist** is available to provide guidance and support for your needs as a resource parent.
- **The child's Family Case Manager** is available if you have questions or concerns about a child placed in your care, including ICPRs & service referrals.
- **DCS Payment Research Unit** is available if you have questions about an invoice you've submitted or are trying to submit - DCSPaymentResearchUnit@dcs.in.gov or 877-340-0309.
- **DCS Resource Unit** is available for vendor issues; e.g. vendor set-up, address changes, banking changes, etc. – DCSResourceUnit@dcs.in.gov or 877-340-0309

We appreciate all that you do helping us in

Protecting our children, families, and future!