

Invoicing for Foster Parent Travel (Receiving Per Diem)

Updated November 2017

Prior to completing your [Foster Parent Travel Invoice](#), please review **Section II (Travel Definitions)** below to ensure that you only log travel that is reimbursable. You must log all travel from the start of the month, including travel that is accounted for in the per diem.

The mileage reimbursement rate is a flat rate per mile based on the approved state employee mileage rate, which will vary and is based on the **Indiana Department of Administration (IDOA) Mileage Reimbursement Memos**, which are available on the IDOA website: www.in.gov/idoa/2459.htm

I. Travel Invoice Instructions

1. Fill in the **Children's Person ID's** and days placed in your home during the invoice month at the top right corner of the travel invoice. All children that are being claimed during the invoice month must be included in this section; separated invoices for each child are not permitted (e.g. if four children are placed in the foster home in February and travel is being claimed for two, both children must be included on one invoice).
2. Enter the **Month of Travel**.
3. Enter the appropriate **Mileage Rate**. **Be sure to select the rate from the appropriate IDOA Mileage Reimbursement Memo (see 2nd paragraph of this document above) that corresponds to the dates of travel you are invoicing.** If you are using the Excel version of the Travel Invoice form, click on the field, and current and past rates will drop-down for selection.
4. List each one-way trip on the travel invoice separately for each destination.

For example:

- A round trip to the doctor's office must be listed as two separate trips: 1) Home address to doctor's office address; and 2) Doctor's office address to home address.
 - A trip with two separate destinations before returning home would be listed as three separate trips: 1) Home address to doctor's office address; 2) Doctor's office address to DCS office address; and 3) DCS office address to home address.
5. For each trip, enter a **Date, Starting Address, Destination Address, Reason Code** (which is found at the upper-left of the Travel Invoice) and number of **Miles Driven**.
 - You should use the MapQuest (www.mapquest.com) website and use the shortest mileage distance for your trips. If you are unable to do so and use your car odometer, please note that reimbursement to you will be based on the MapQuest shortest distance, so you may not be reimbursed for the exact amount you enter on your invoice.
 6. If you are using the **Excel** version of the [Foster Parent Travel Invoice](#) form via computer, the totals within the invoice will automatically add/multiply for you. If the number in the **Total Reimbursable Miles** box is zero, then you do not have mileage that you may claim for reimbursement. If the total in that box is more than zero, then the dollar amount in the **Total Claimable \$** box is the amount that you may claim. If you need to submit multiple pages, be sure to use the Excel sheets, as indicated at the bottom of your computer screen, as there are formulas built-in to link those Excel sheets together.

*** SKIP to step 8 if you are using the Excel version of the travel invoice and have mileage to claim. ***

7. If you are unable to use the Excel version of the Travel Invoice via computer and need to complete it by-hand, you will need to manually add/multiply for your totals:

- Add up the total number of miles that you drove by adding all of the numbers in the **Miles Driven** column together. Place this number in the row at the bottom of the invoice that is titled **Total Miles Driven (All)**.
- Add together the number of days that each child was in your home during the invoice month (as you indicated in the top right corner) for a total number of days. Place this number in the second row at the bottom of the invoice that is titled **Total Days Children in Home**.
- To get the total number of miles that are covered in your per diem, refer to the **Foster Care Mileage Table** in **Section III** below. For each child in your home during the month, find the number of days they were in your home in the left column, and then the corresponding number of miles next to it in the right hand column is the number of miles covered in your per diem for that child. Once you have done this for each child, add those miles together and place this number in the third row at the bottom of the invoice titled **Miles Paid in Per Diem**.
- If the number in the **Miles Paid in Per Diem** box is larger than the number in the **Total Miles Driven (All)** box, you may not claim mileage on your invoice.
- If the **Miles Paid in Per Diem** is less than the **Total Miles Driven (All)** box, you may claim mileage for the invoice month. Take the **Total Miles Driven (All)** minus the **Miles Paid in Per Diem**, and place that number in the fourth row at the bottom titled **Total Reimbursable Miles**; this is the number of miles you may claim on your invoice.
- Take the number of **Total Reimbursable Miles** and multiply it by the **Mileage Rate** (item #3 above) to get the total dollar amount you may claim.
- Place the resulting total dollar amount in the last row at the bottom of the invoice titled **Total Claimable \$**. Please note: Total Claimable \$ must be completed. DCS fiscal staff is prohibited from increasing an invoice. Invoices with zero or no total amount will be returned.

8. If you have mileage to claim on your travel invoice:

- Complete the boxes at the bottom asking for your foster family name, address, e-mail address, ST number, license number, signature, telephone number and date. **(Note that an original signature on each page of the invoice is necessary, and failure to provide that may result in return of the invoice).**
- Mail your travel invoice to:

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

II. Travel Definitions

A foster parent may receive an additional amount for properly claimed travel expenses incurred on behalf of a child placed in the foster home if the foster parent travels more than the monthly allowance for the below purposes:

1. Travel between the foster family home and the school in which the child was enrolled before placement and continues to be enrolled while residing with the foster family, to the extent that school transportation is not provided or required to be provided under applicable Indiana law by a public school corporation or other state or local agency¹;
2. Travel to and from the following types of health related appointments²:
 - a. Doctor (primary care physician and any specialists)
 - b. Dentist (including orthodontist)
 - c. Health clinic
 - d. Hospital/Emergency Room (including foster parent visits during child inpatient episodes)
 - e. Occupational and Physical Therapists
 - f. Behavioral Health Counselor and Therapist
3. Travel to and from the following types of case activities:
 - a. Administrative case reviews
 - b. Judicial reviews (court appearances)
 - c. Case conferences
 - d. Child and family team meetings
 - e. Foster parent training sessions
 - f. Parent and/or sibling visits (including visits to other relatives that are authorized by the department and are a part the child's case plan) and visits to facilitate the transition to another placement
4. Travel to and from Head Start (if transportation not provided for by the school), summer school (if transportation not provided for by the school), pre-school (this does not include daycare), summer camps (if not for daycare) and school required extracurricular activities. Please note that travel to/from day care and/or Early Head Start is not claimable for mileage.
5. For youth 14 years and older, travel to and from employment for the youth or job searching for the youth.
6. Other - Must be authorized by Department and must have prior Local Office Director approval before the trip, please attach authorization to the Travel Invoice.

¹ This does not include school extracurricular activities.

² This does not include trips to the pharmacy or the like to pick up medications, etc.

III. Foster Care Mileage Table: Mileage Paid in Per Diem based on Days in Care

Day(s) in Care	Mileage Paid in Per Diem
1	5
2	11
3	16
4	21
5	27
6	32
7	37
8	43
9	48
10	53
11	59
12	64
13	69
14	75
15	80
16	85
17	91
18	96
19	101
20	107
21	112
22	117
23	122
24	128
25	133
26	138
27	144
28	149
29	154
30	160
31	165