FAMILY & CHILDREN SERVICES A SOURCE OF HOPE

FOSTER PARENT MILEAGE FORM

Please Print Clearly:
NAME OF CHILD/REN:_____
DATE OF BIRTH: _____
NAME OF FOSTER PARENT: _____

- ***Any mileage over 120 miles round trip MUST be pre-approved***
- ***Only approved mileage is parenting time with parents***
- ***Any incomplete forms will delay payment***
- ***Mileage is calculated using the most direct route per MapQuest***

Date	From (Foster Parent Address)	To (Visit Location Address)	# of Miles	Amount (.34¢ per mile)
		TOTALS:		

Mileage must be turned in monthly to your Foster Care Specialist.

Kalamazoo Office:
1608 Lake Street
Kalamazoo, MI 49001

Battle Creek Office:
778 W Columbia Avenue
Battle Creek, MI 49015

Foster Parent Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

To be completed by Foster Care Specialist

Person ID#: _____ Case Name: _____

County:_____Monitor:_____