FAMILY & CHILDREN SERVICES A SOURCE OF HOPE

PARENTING TIME MILEAGE FORM

Please Print Clearly:
NAME OF CHILD/REN:_____
***Person ID#:** _____ ***Case Name:** _____
(*To be filled out by worker)
DATE OF BIRTH: _____
NAME OF FOSTER PARENT: _____

- ***Any mileage over 120 miles round trip MUST be pre-approved***
- ***Mileage is rounded to nearest whole number***
- ***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 ($.36 per mile)
		TOTALS:		

Please Note: 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: _____
Supervisor Signature: _____