Utah DHS-DCFS
Revised June 2001

Form PR02

Provider Name: _____ Provider ID: _____
Address: _____
Client Name: _____ Client ID: _____

FOSTER PARENT PRIVATE VEHICLE USAGE REPORT

Date (MMDDYY)	From	To (Location including City)	Beginning Odometer (whole miles only)	Ending Odometer (whole miles only)	Visitation Miles **FTV**	Case Activity Miles **FTC**	Other Essential Miles **FTP**	Medical Miles **FTM**	Medical Provider's **Signature/Stamp** (Initials are not sufficient)
			Total (each column separately)						

CODES:

Please turn in mileage forms monthly

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 – Other Essential Miles (Only mileage to and from caseworker approved essential, extraordinary activities such as school attendance outside of neighborhood boundaries, and youth bus pass. Agency payments to parents to visit child in foster care)
FTM – Medical Miles (Only mileage to transport foster child to and from medical, dental and mental health appointments) **Provider's signature/stamp required**
*Routine trips are not reimbursable, i.e., store, shopping, friend's house, school and recreational activities.
*If transporting more than one child at same time, mileage will only be submitted for one client.

_____ _____
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 and proper.