



DEPARTMENT OF HUMAN SERVICES

Children, Youth & Family Division

2555 Midpoint Drive, Suite F
Fort Collins, Colorado 80525
(970) 498-6900
Fax (970) 498-6988

Certified Foster and Kinship Homes Mileage Reimbursement Policy

Effective January 1, 2021: Approved transportation is reimbursed at .56 cents per mile. Clarification of what types of transportation are reimbursable.

I. Policy

Larimer County Department of Human Services will reimburse certified foster and kinship homes what the Federal Government reimburses for Title IV-E.

Allowable Mileage Reimbursement:

- a. Transportation to and from visits with the child's family, both immediate and extended.
- b. Transportation to and from the child's home school if the child is no longer in their home school district and the district will not cover the transportation cost.

II. PROCEDURE

1. All allowable mileage by certified and foster or kinship providers will be recorded on form LCHS 3539 (Foster/Kin Parent Mileage Reimbursement Form) each calendar month. Only approved mileage will be reimbursed.
2. All mileage must be submitted with the roster each month.
3. Please note that forms must be submitted each month to be paid.
4. The Accounting Department will forward the roster to the Accountability Unit once received.
5. The Accountability worker will forward mileage form to the Foster or Kinship caseworker who will review and approve all requested mileage reimbursement for adhering to the rules listed above, within 24 hours.
6. The Foster/Kin worker will forward the documentation to the Foster/Kinship Supervisor, who will review and approve the form within 24 hours and submit back to the Accountability Unit for payment.
7. Any forms submitted past 30 days may not get paid.

Transportation to and from medical/therapeutic appointments for services covered by the child's Medicaid should be submitted through Non-Emergent Medical Transportation (NEMT). Providers should contact NEMT at 1-855-264-6368 for pre-approval and instructions regarding Medicaid reimbursement for transportation costs to medical and therapy appointments.

CYF SERVICES – School Transport Mileage Reimbursement – Effective January 1, 2021

Child’s Name(s): _____

Time Period: _____ through _____
(M/d/yyyy) (M/d/yyyy)

Date Received in Accounting: _____

Trails Case #: _____

Provider’s Name: _____

Provider’s Trails Number: _____

For this document to perform the math calculations, you must use the Tab key to move to the next field.

Date	Origin / Destination	Purpose	# of miles
4/2/21	Foster Home/Harmony House/Home	Parent visit	10

Total Mileage Claimed: _____ = _____

_____ _____
 Provider Signature Date

_____ _____
 Foster/Kinship Caseworker Signature Date

Entering your first and last name is equivalent to a handwritten signature.

_____ _____
 Supervisor Signature Date



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