Utah DHS-DCFS
Revised September 2011

FORM PR02

Provider Name: Crossroads Youth Services Address: 120 West Main Street, Lehi Ut 84043 Provider ID: 68869

Client Name: _____ Client ID: _____

Caretaker Name: _____ Caretaker Address: _____

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**	Medical and Other Essential Miles **FTP**	Transport to/from child's school of origin **FTE**	Explanation of Miles Claimed
CODES:			**Total** (each column separately)						**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 - Medical and Other Essential Miles (Only mileage to transport foster child to and from medical, dental and mental health appointments and to and from caseworker approved essential and youth bus pass. Agency payments to parents to visit child in foster care)

FTE - Transport to/from child's school of origin (Only mileage to transport foster child to and from the child's school of origin)
*Routine trips are not reimbursable, i.e., store, shopping, friend's house, school and recreational activities.
*If transporting more than one child at the 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.