

## TRANSPORTATION REIMBURSEMENT REQUEST FORM

Foster Child: \_\_\_\_\_

Foster Family: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Social Worker: \_\_\_\_\_

We have provided transportation for our foster child for the following appointments:

Counseling: \_\_\_\_\_  
Dates

Court Hearings: \_\_\_\_\_  
Dates

Visitation: \_\_\_\_\_  
Dates

Out of County Medical Appointments: \_\_\_\_\_  
Dates

**NOTE:** If a foster child was transported at least 3 times in 1 month for the appointment type listed above, a reimbursement of \$30.00 per foster child is available. If foster children were transported together to the same destination, the maximum reimbursement will be \$30.00.

I certify that the statements made hereon are true and that I have liability insurance as required in ORC 4509.51.

\_\_\_\_\_  
Foster Parent Signature Date

CONFIRMED:

APPROVED:

\_\_\_\_\_  
Social Worker Date

\_\_\_\_\_  
Assistant Administrator Date