**APPENDIX 1**

**FN024A ‘FOSTER CARER’S DAY CARE & MILEAGE CLAIMS’**

Note: This should be used per month and on a month-by-month basis

**Month** …………………………………

**Foster Carer** ……………………………………………………………………………………

**Address** …………………………………………………………………………………………

**Children/Young people looked after this month:**

(Do not include children who are 'Day Care only’ i.e. not full-time)

|  |  |  |  |
| --- | --- | --- | --- |
| **Child/Young Person’s name** | **Date of birth** | **Placement Start date** | **Placement End date** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Part 1: Day Care**

1. For children not in school (during term-time only)

|  |  |  |
| --- | --- | --- |
| **Child’s name** | **No. of full days out of school** | **No. of half days out of school** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total days** |  |  |
|  |  | |
| x ‘full day’ rate of |  |  |
| x ‘half day’ rate of |  |  |
| **Total payment** | £ | £ |

1. For children of other foster carers

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Child’s name** | **Date** | **Time arrived** | | **Time left** | **Total hours** |
|  |  |  | |  |  |
|  |  |  | |  |  |
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|  |  |  | |  |  |
|  |  |  | |  |  |
|  |  |  | |  |  |
|  |  |  | Total hours | |  |
| Total days | |  |
| x ‘full day’ rate | |  |
| **Total payment** | | **£** |

1. Total payable i.e. (A) + (B)

|  |  |  |
| --- | --- | --- |
| **Total of (A)** | **Total of (B)** | **Total payable\*** |
| £ | £ | **£** |

**Part 2: Mileage**

(A) Home to school mileage

1. Please enter the total miles for a round trip between home and school

1. Please enter the total days, relating to this month, that are being claimed

1. Total miles this month

|  |  |  |
| --- | --- | --- |
| **Home to School Miles (Round Trip)** | **x Total days** | **Total miles** |
|  |  |  |

1. Other mileage

Please give details of the journeys claimed:

|  |  |  |
| --- | --- | --- |
| **Date** | **Detail/Purpose of journey** | **Miles** |
|  |  |  |
|  |  |  |
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|  |  |  |
|  |  |  |
|  |  |  |
| **Total miles** | |  |

1. Total payable i.e. (A) + (B)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Total of (A)** | **Total of (B)** | **Total (A)+(B)** | **x £xxx mileage rate** | **Total payable\*** |
|  |  |  |  | **£** |

**Vehicle information:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Car** | **Make** | **Model** | **Engine size** | **Registration No.** |
|  |  |  |  |  |

I/We certify that all the expenses claimed above are correct.

|  |  |  |
| --- | --- | --- |
|  | **Foster Carer** | **Supervising Social Worker** |
| **Signature** |  |  |
| **Date** |  |  |