**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**  |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|  |  |  | 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**  |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
| **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**  |   |   |