## DEPARTMENT OF CHILDREN AND FAMILIES

## Division of Safety and Permanence

**SUBSIDIZED GUARDIANSHIP OF CHILDREN WITH SPECIAL NEEDS**

**ONE TIME EXPENSE REIMBURSEMENT**

**Use of form:** Completion of this form is voluntary; however, completing it will help determine eligibility for reimbursement, and will provide assistance in obtaining reimbursement of certain one time Subsidized Guardianship expenses. Personally identifiable information will be used only for that purpose.

**Instructions:** List Subsidized Guardianship related expenses that you believe qualify for reimbursement and attach the documentation requested. (If more space is needed, use separate sheet.) Requests for one time reimbursement must be submitted within two years after the date of Subsidized Guardianship. Each child must be a special needs child and have a signed Subsidized Guardianship agreement on file with the Department of Children and Families. If you claim these expenses on your state and federal tax forms, we cannot reimburse the expense. Subsidized Guardianship families are expected to use good judgement in incurring pre-guardianship expenses. Only expenses which are necessary pre-Subsidized Guardianship costs can be reimbursed. Reimbursement claims must be reasonable, actual and necessary. Additional instructions are listed on page five.

Upon completion, sign and date the form and return to: Subsidized Guardianship

DCF/DSP

P.O. Box 8916

Madison, WI 53708-8916

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| **I. PARENT / CHILD(REN) INFORMATION** | | | | | | |
| Name - Subsidized Guardianship Parent 1 (Last, First, MI) | | | Name - Subsidized Guardianship Parent 2 (Last, First, MI) | | | |
| Mailing Address | | | City | State | Zip Code | |
| Telephone Number - Home | Telephone Number - Work | | Best Time to Contact  SG Parent 1        A.M.  P.M.  SG Parent 2        A.M.  P.M. | | | |
| Name - Subsidized Guardianship Child (Last, First, MI) | | | | Date - Legal Subsidized Guardianship (mm/dd/yyyy) | | |
| Name - Subsidized Guardianship Child (Last, First, MI) | | | | Date - Legal Subsidized Guardianship (mm/dd/yyyy) | | |
| Name - Subsidized Guardianship Child (Last, First, MI) | | | | Date - Legal Subsidized Guardianship (mm/dd/yyyy) | | |
| **II. EXPENSES INCURRED** | | | | | | |
| **Expense** | | **Amount** | **Expense** | | | **Amount** |
| Attorney  Original itemized bill on letterhead - Attach copy. | | $ |  | | | $ |
| Subsidized Guardianship Agency Services  Original itemized bill on letterhead - Attach copy. | | $ | Court Fees  Original itemized bill - Attach copy. | | | $ |

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| **II. EXPENSES INCURRED (continued)** | | | | | | | | | | | | | |
| **Expense** | | | | | | | | **Amount** | | **Expense** | | | **Amount** |
| Medical Exam for Subsidized Guardianship Family - If required.  Original itemized bill - Attach copy. | | | | | | | | $ | | Long Distance Telephone Charges(s)  Original itemized bill - Attach copy. | | | $ |
| Lodging - One room only  Original itemized bill - Attach copy. | | | | | | | | $ | | Purpose of Calls - Specify. | | | |
|  | Number of persons overnight - | | |  | |  | |  | |
| Relationship of above - Specify. | | | | | | | | Miscellaneous Expense Requested by Social Worker - Specify. | | | $ |
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| **III. MILEAGE AND MEAL EXPENSES (If you need more trip entries, attach additional copies of pages 3 / 4.)** | | | | | | | | | | | | | | |
| **TRIP 1** | | | | | | | | | | | | | | |
| Date of Trip | | | Purpose | | | | | | | | | | | |
| **Travel Itinerary** | | | | | | | | | | | | | | |
| From | | | | | | To | | | | Time - Departure         A.M.  P.M. | | Time - Arrival         A.M.  P.M. | Mileage - Roundtrip | |
| Additional Mileage - Document any side trips, including their purpose, made within the one round trip. | | | | | | | | | | | | | | |
| **Meal Expenses** | | | | | | | | | | | | | | |
| Meal | | | | Total Cost | | | | Family Members Who Ate Meals - Check all that apply. | | | | | | |
| Breakfast | | | | $ | | | | SG Parent 1  SG Parent 2  SG Child | | | | | | |
| Lunch | | | | $ | | | | SG Parent 1  SG Parent 2  SG Child | | | | | | |
| Dinner | | | | $ | | | | SG Parent 1  SG Parent 2  SG Child | | | | | | |
| **TRIP 2** | | | | | | | | | | | | | | |
| Date of Trip | | | Purpose | | | | | | | | | | | |
| **Travel Itinerary** | | | | | | | | | | | | | | |
| From | | | | | | To | | | | Time - Departure  A.M.  P.M. | | Time - Arrival  A.M.  P.M. | Mileage - Roundtrip | |
| Additional Mileage - Document any side trips, including their purpose, made within the one round trip. | | | | | | | | | | | | | | |
| **Meal Expenses** | | | | | | | | | | | | | | |
| Meal | | | | Total Cost | | | | Family Members Who Ate Meals - Check all that apply. | | | | | | |
| Breakfast | | | | $ | | | | SG Parent 1  SG Parent 2  SG Child | | | | | | |
| Lunch | | | | $ | | | | SG Parent 1  SG Parent 2  SG Child | | | | | | |
| Dinner | | | | $ | | | | SG Parent 1  SG Parent 2  SG Child | | | | | | |

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| **TRIP 3** | | | | | | | |
| Date of Trip | Purpose | | | | | | |
| **Travel Itinerary** | | | | | | | |
| From | | | To | | Time - Departure  A.M.  P.M. | Time - Arrival  A.M.  P.M. | Mileage - Roundtrip |
| Additional Mileage - Document any side trips, including their purpose, made within the one round trip. | | | | | | | |
| **Meal Expenses** | | | | | | | |
| Meal | | Total Cost | | Family Members Who Ate Meals - Check all that apply. | | | |
| Breakfast | | $ | | SG Parent 1  SG Parent 2  SG Child | | | |
| Lunch | | $ | | SG Parent 1  SG Parent 2  SG Child | | | |
| Dinner | | $ | | SG Parent 1  SG Parent 2  SG Child | | | |
| **TRIP 4** | | | | | | | |
| Date of Trip | Purpose | | | | | | |
| **Travel Itinerary** | | | | | | | |
| From | | | To | | Time - Departure  A.M.  P.M. | Time - Arrival  A.M.  P.M. | Mileage - Roundtrip |
| Additional Mileage - Document any side trips, including their purpose, made within the one round trip. | | | | | | | |
| **Meal Expenses** | | | | | | | |
| Meal | | Total Cost | | Family Members Who Ate Meals - Check all that apply. | | | |
| Breakfast | | $ | | SG Parent 1  SG Parent 2  SG Child | | | |
| Lunch | | $ | | SG Parent 1  SG Parent 2  SG Child | | | |
| Dinner | | $ | | SG Parent 1  SG Parent 2  SG Child | | | |
| **TRIP 5** | | | | | | | |
| Date of Trip | Purpose | | | | | | |
| **Travel Itinerary** | | | | | | | |
| From | | | To | | Time - Departure  A.M.  P.M. | Time - Arrival  A.M.  P.M. | Mileage - Roundtrip |
| Additional Mileage - Document any side trips, including their purpose, made within the one round trip. | | | | | | | |

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| **Meal Expenses** | | | | | | | |
| Meal | | Total Cost | | Family Members Who Ate Meals - Check all that apply. | | | |
| Breakfast | | $ | | SG Parent 1  SG Parent 2  SG Child | | | |
| Lunch | | $ | | SG Parent 1  SG Parent 2  SG Child | | | |
| Dinner | | $ | | SG Parent 1  SG Parent 2  SG Child | | | |
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| **TRIP 6** | | | | | | | |
| Date of Trip | Purpose | | | | | | |
| **Travel Itinerary** | | | | | | | |
| From | | | To | | Time - Departure  A.M.  P.M. | Time - Arrival  A.M.  P.M. | Mileage - Roundtrip |
| Additional Mileage - Document any side trips, including their purpose, made within the one round trip. | | | | | | | |
| **Meal Expenses** | | | | | | | |
| Meal | | Total Cost | | Family Members Who Ate Meals - Check all that apply. | | | |
| Breakfast | | $ | | SG Parent 1  SG Parent 2  SG Child | | | |
| Lunch | | $ | | SG Parent 1  SG Parent 2  SG Child | | | |
| Dinner | | $ | | SG Parent 1  SG Parent 2  SG Child | | | |
| **TRIP 7** | | | | | | | |
| Date of Trip | Purpose | | | | | | |
| **Travel Itinerary** | | | | | | | |
| From | | | To | | Time - Departure  A.M.  P.M. | Time - Arrival  A.M.  P.M. | Mileage - Roundtrip |
| Additional Mileage - Document any side trips, including their purpose, made within the one round trip. | | | | | | | |
| **Meal Expenses** | | | | | | | |
| Meal | | Total Cost | | Family Members Who Ate Meals - Check all that apply. | | | |
| Breakfast | | $ | | SG Parent 1  SG Parent 2  SG Child | | | |
| Lunch | | $ | | SG Parent 1  SG Parent 2  SG Child | | | |
| Dinner | | $ | | SG Parent 1  SG Parent 2  SG Child | | | |
| **TRIP 8** | | | | | | | |
| Date of Trip | Purpose | | | | | | |
| **Travel Itinerary** | | | | | | | |
| From | | | To | | Time - Departure  A.M.  P.M. | Time - Arrival  A.M.  P.M. | Mileage - Roundtrip |

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| Additional Mileage - Document any side trips, including their purpose, made within the one round trip. | | |
| **Meal Expenses** | | |
| Meal | Total Cost | Family Members Who Ate Meals - Check all that apply. |
| Breakfast | $ | SG Parent 1  SG Parent 2  SG Child |
| Lunch | $ | SG Parent 1  SG Parent 2  SG Child |
| Dinner | $ | SG Parent 1  SG Parent 2  SG Child |

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| **IV. SIGNATURES** | | | | |
| I verify that the expenses listed above, and on any additional pages, are reasonable and necessary Subsidized Guardianship costs which are directly related to the legal Subsidized Guardianship of the above named child with special needs. The reported expenses were incurred by the Subsidized Guardianship(s) and are not in violation of state or federal law. No reimbursement has been made from other sources or funds. | | | | |
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|  | **SIGNATURE** - Subsidized Guardianship 1 |  | Date Signed |
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|  |  |  |  |
|  |  |  |  |
|  | **SIGNATURE** - Subsidized Guardianship 2 |  | Date Signed |

**Additional Comments**

**ADDITIONAL INSTRUCTIONS**

**EXPENSES**

Attorney Fee. Provide original itemized bill on letterhead showing only the costs related to the Subsidized Guardianship.

Subsidized Guardianship Fee. Provide a copy of the original itemized bill on letterhead from the Subsidized Guardianship agency.

Medical Examinations If Required. Send copy of the original itemized bill showing only expenses related to the one time Subsidized Guardianship exam. Make sure the provider’s name and address is on the bill. Make sure the name for each person that is having an exam is listed on a separate bill. Have the provider show that it has been submitted to your insurance provider and show the amount that has been applied to your bill on the statement. If you have a deductible, show the amount applied to the deductible; the amount remaining to be paid; and any provider discounts.

Lodging Expense If Necessary. If a lodging expense is incurred, submit the original motel folio showing the number of people. We can reimburse up to the state rate which is $52 a night per person, plus applicable sales tax for the adoptive Parent 1, adoptive Parent 2, and the to be adopted children (if there is a charge for children). Reimbursement can be made for only one motel room. Reimbursement cannot be made for movies, telephone calls, game rentals or snacks delivered to the room.

Birth Certificate. If you incur expenses obtaining birth certificate(s) from outside Wisconsin, enclose a copy of original receipt or cancelled check(s).

Court Fees. Enclose a copy of the original receipt from the court. If the charge is $10.00 or less, you may submit a copy of your check.

Long Distance Telephone Charges. Enclose a copy of your original telephone bill itemizing the charges. Add a note indicating the parties you contacted and the reason for contacting them. Highlight each phone call you are claiming.

Miscellaneous Related Expenses. Costs for registration fees for Subsidized Guardianship related classes must include a copy of the original receipt or copy of the front and back of the cancelled check along with documentation showing the name and date of the class. We cannot reimburse for the following:

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|  | * alcohol or alcohol related beverages | * furniture |  |
|  | * lost or stolen items | * fines |  |
|  | * lost wages or lost and stolen items | * repairs |  |
|  | * cancellation charges or late checkout charges at motels | * towing |  |
|  | * personal items | * child care and child medical expenses |  |
|  | * clothing | * photographs and related expenses |  |

**MILEAGE AND MEALS**

Show the starting point and the destination for your trip that was related to this Subsidized Guardianship. Write a brief explanation of the trip, including the time you left and the time you returned. Explain why any additional mileage was necessary and document the additional trips made within the one round trip. Reimbursement will be made at the current state rate of 29¢ per mile.

Meal expense for the Subsidized Guardianship Parent 1, Subsidized Guardianship Parent 2, and the children being adopted is reimbursable. The trip departure and return times and the meal cost, including the tip, are subject to state guidelines. Additional snacks, fitting within the meal guidelines, are considered part of the meal expense for the day. For meal reimbursement the Subsidized Guardianship parent must leave home and return home within the following times: Breakfast - leave before 6:00 A.M. and return after 10:30 A.M.; lunch - leave before 10:30 A.M. and return after 2:30 P.M.; dinner - leave before 3:00 P.M. and return after 7:00 P.M. Maximum amounts of meal reimbursement, per person, are: breakfast, $7.00; lunch, $8.00; dinner, $16.00; and bag lunch, $4.00.

**SIGNATURE**

Be sure to sign and date the form. By doing so, you are verifying that your expenses are related to the one time Subsidized Guardianship.