

Nexus CARES Reimbursement Form

Use this form to submit requests for reimbursement. All requests are initiated by the foster family with the help of their Social Worker. Requests must be approved by the Social Worker, Executive Director, and Finance Department before funds can be dispersed. Itemized estimates and/or receipts are required, as listed below. Funds are limited. Nexus retains the right to change amounts or cap items at any time. Reimbursement requests will be answered within 2 weeks.

*Please complete all fields and attach receipts. Incomplete forms will be returned, which could delay reimbursement.

Licensing & Retention Bonuses

Foster Parent(s): _____

The foster family must be in good standing, with no correction orders for the past two years (up to date on progress notes, education hours are completed, and no other correction orders). The foster family's social worker initiates the licensing and retention bonuses.

___ **Initial Licensing Award (\$150)** (Paid after a foster family has completed a home study, been licensed, and has had a successful placement for 30 days.)

___ **Annual Relicensing Bonus (\$200)** (Paid annually to existing foster families in good standing, if they have had at least one successful placement in the past year.)

TOTAL REIMBURSEMENT REQUESTED: \$ _____

Approval Signatures:

Social Worker:

_____ Date: _____

___ Approved

___ Denied

Reason: _____

Executive Director:

_____ Date: _____

___ Approved

___ Denied

Reason: _____

Finance:

_____ Date: _____

___ Approved

___ Denied

Reason: _____

TOTAL REIMBURSEMENT APPROVED: \$ _____

Nexus CARES Reimbursement Form

Use this form to submit requests for reimbursement. All requests are initiated by the foster family with the help of their Social Worker. Requests must be approved by the Social Worker, Executive Director, and Finance Department before funds can be dispersed. Itemized estimates and/or receipts are required, as listed below. Funds are limited. Nexus retains the right to change amounts or cap items at any time. Reimbursement requests will be answered within 2 weeks.

*Please complete all fields and attach receipts. Incomplete forms will be returned, which could delay reimbursement.

Home & Property Damage

Foster Parent(s): _____

Explanation of Damage: _____

Foster families are eligible for one damage repair reimbursement incident per year when damage to the foster home is valued between \$100-\$500. An incident report, including repair estimate, must be turned in to the Kindred Family Focus office. Reimbursements are paid directly to the foster care family only. Receipts are required.

TOTAL REIMBURSEMENT REQUESTED: \$ _____

___ Incident report has been turned in to the Kindred Family Focus office.

___ Receipts/Itemized costs for repair are attached.

Approval Signatures:

Social Worker:

Date: _____

___ Approved

___ Denied

Reason: _____

Executive Director:

Date: _____

___ Approved

___ Denied

Reason: _____

Finance:

Date: _____

___ Approved

___ Denied

Reason: _____

TOTAL REIMBURSEMENT APPROVED: \$ _____

Nexus CARES Reimbursement Form

Use this form to submit requests for reimbursement. All requests are initiated by the foster family with the help of their Social Worker. Requests must be approved by the Social Worker, Executive Director, and Finance Department before funds can be dispersed. Itemized estimates and/or receipts are required, as listed below. Funds are limited. Nexus retains the right to change amounts or cap items at any time. Reimbursement requests will be answered within 2 weeks.

***Please complete all fields and attach receipts. Incomplete forms will be returned, which could delay reimbursement.**

Special Purchase Allowance

Foster Parent(s): _____

Youth: _____

A special purchase allotment of \$250 per youth per approved circumstance is offered at placement and in special circumstances. Receipts are required for reimbursement of purchased items. Items may be purchased without prior approval, but reimbursement is not guaranteed.

At Placement (When youth do not have a clothing allowance from their county, foster parents may purchase clothing for the youth on a one-time basis. Purchases must be completed in their entirety and receipts are required.)
 County: _____

Special Circumstances (Check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Growth spurt | <input type="checkbox"/> Weight loss | <input type="checkbox"/> Weight gain |
| <input type="checkbox"/> Work clothing | <input type="checkbox"/> Hearing Aids | <input type="checkbox"/> Braces (Estimate/Itemized costs are attached.) |
| <input type="checkbox"/> Glasses | <input type="checkbox"/> Long-term placement | |
| <input type="checkbox"/> Dental work [Type: _____] | (Estimate attached.) | |
| <input type="checkbox"/> Other: [Details: _____] | | |

TOTAL REIMBURSEMENT REQUESTED: \$ _____

Receipts for purchases are attached.

Approval Signatures:

Social Worker: _____ Date: _____
 Approved
 Denied
 Reason: _____

Executive Director _____ Date: _____
 Approved
 Denied
 Reason: _____

Finance: _____ Date: _____
 Approved
 Denied
 Reason: _____

TOTAL REIMBURSEMENT APPROVED: \$ _____

Nexus CARES Reimbursement Form

Use this form to submit requests for reimbursement. All requests are initiated by the foster family with the help of their Social Worker. Requests must be approved by the Social Worker, Executive Director, and Finance Department before funds can be dispersed. Itemized estimates and/or receipts are required, as listed below. Funds are limited. Nexus retains the right to change amounts or cap items at any time. Reimbursement requests will be answered within 2 weeks.

*Please complete all fields and attach receipts. Incomplete forms will be returned, which could delay reimbursement.

Activities Allowance

Foster Parent(s): _____

Foster families are eligible to receive up to \$300 per foster youth per year to cover activities such as sports, prom, or graduation when other funding sources do not cover the expenses. Receipts are required.

Youth's Name: _____

Activity: _____

Youth's Name: _____

Activity: _____

Youth's Name: _____

Activity: _____

TOTAL REIMBURSEMENT REQUESTED: \$ _____

___ Receipts/Itemized Costs for activity(s) are attached.

Approval Signatures:

Social Worker:

_____ Date: _____

___ Approved

___ Denied

Reason: _____

Executive Director:

_____ Date: _____

___ Approved

___ Denied

Reason: _____

Finance:

_____ Date: _____

___ Approved

___ Denied

Reason: _____

TOTAL REIMBURSEMENT APPROVED: \$ _____

Nexus CARES Reimbursement Form

Use this form to submit requests for reimbursement. All requests are initiated by the foster family with the help of their Social Worker. Requests must be approved by the Social Worker, Executive Director, and Finance Department before funds can be dispersed. Itemized estimates and/or receipts are required, as listed below. Funds are limited. Nexus retains the right to change amounts or cap items at any time. Reimbursement requests will be answered within 2 weeks.

****Please complete all fields and attach receipts. Incomplete forms will be returned, which could delay reimbursement.***

Mileage Reimbursement

Foster Parent(s): _____

Foster parents are eligible for mileage reimbursement in the following situations:

Therapy – 2 or more appointments per youth per week

When travel exceeds more than 35 miles one way, including

- Team approved **youth visits** to siblings, family, friends, relatives
- **Youth Activities**; camp, school activities, community functions
- **Pre-placement Visits/Meetings**

Youth's Name: _____ Date: _____

To: _____ From: _____

Youth Visit Therapy Pre-Placement Visit Youth Activity
 Meeting [Details: _____]

Youth's Name: _____ Date: _____

To: _____ From: _____

Youth Visit Therapy Pre-Placement Visit Youth Activity
 Meeting [Details: _____]

Youth's Name: _____ Date: _____

To: _____ From: _____

Youth Visit Therapy Pre-Placement Visit Youth Activity
 Meeting [Details: _____]

TOTAL MILES: _____ X \$0.30 PER MILE = TOTAL MILEAGE REIMBURSEMENT \$ _____

Approval Signatures:

Social Worker: _____ Date: _____

Approved
 Denied
Reason: _____

Executive Director: _____ Date: _____

Approved
 Denied
Reason: _____

Finance: _____ Date: _____

Approved
 Denied
Reason: _____

TOTAL REIMBURSEMENT APPROVED: \$ _____

Nexus CARES Reimbursement Form

Use this form to submit requests for reimbursement. All requests are initiated by the foster family with the help of their Social Worker. Requests must be approved by the Social Worker, Executive Director, and Finance Department before funds can be dispersed. Itemized estimates and/or receipts are required, as listed below. Funds are limited. Nexus retains the right to change amounts or cap items at any time. Reimbursement requests will be answered within 2 weeks.

***Please complete all fields and attach receipts. Incomplete forms will be returned, which could delay reimbursement.**

Respite Supplemental Payment

Foster Parent(s): _____

Foster families are eligible to receive an additional \$10 per day per youth to give to respite providers within the Kindred Family Focus agency network, with a maximum \$140 paid per youth per year. Respite reimbursements are paid directly to the respite provider. The agency-approved respite reimbursement form is attached. Please submit one form to receive respite reimbursement for all youth in the foster home.

Approved Respite Provider's Name: _____

Date of Respite: _____

Foster Youth(s) Name(s): _____

TOTAL # FOSTER YOUTH: _____ X \$10 PER YOUTH = TOTAL RESPITE PAYMENT \$ _____

Approval Signatures:

Social Worker:

_____ Date: _____
 Approved
 Denied
 Reason: _____

Executive Director:

_____ Date: _____
 Approved
 Denied
 Reason: _____

Finance:

_____ Date: _____
 Approved
 Denied
 Reason: _____

TOTAL PAYMENT APPROVED: \$ _____

Nexus CARES Reimbursement Form

Use this form to submit requests for reimbursement. All requests are initiated by the foster family with the help of their Social Worker. Requests must be approved by the Social Worker, Executive Director, and Finance Department before funds can be dispersed. Itemized estimates and/or receipts are required, as listed below. Funds are limited. Nexus retains the right to change amounts or cap items at any time. Reimbursement requests will be answered within 2 weeks.

**Please complete all fields and attach receipts. Incomplete forms will be returned, which could delay reimbursement.*

National Conference Scholarships

Foster Parent(s): _____

Foster families must have been licensed for at least 2 years. Families are eligible to receive a scholarship benefit once every 5 years. Receipts are required.

- National Foster Parent Association (NFPA)
- Child Welfare League of America (CWLA)
- Foster Family-Based Treatment Association (FFTA)

TOTAL REIMBURSEMENT REQUESTED: \$ _____

Receipt for conference is attached.

Approval Signatures:

Social Worker:

_____ Date: _____

Approved

Denied

Reason: _____

Executive Director:

_____ Date: _____

Approved

Denied

Reason: _____

Finance:

_____ Date: _____

Approved

Denied

Reason: _____

TOTAL PAYMENT APPROVED: \$ _____