

Foster Parent Monthly Visitation Transportation Claim

Erie County Department of Social Services
Division of Family Well-Being AFS

B-5006 (9/2024)

Foster Parent Name								
Address				City			State Zip Code	
Child(ren)'s Name(s) *								
1 3								
2. 4.								
Transportation Type Private Auto License Plate #: Bus Other:								
Date	*Child	Roundtrip Address (Street Address, City, Zip)		Starting	Ending	Roundtrip	Parking	Tolls
	#	From	То	Odometer Reading	Odometer Reading	Total # Miles	Fees (receipts	roquirod)
				rteading	rteading	Willes	(receipts	requirea)
Total Miles:								
Rate per Mile: Total: Total Mileage, Parking and Tolls:						\$		
						\$	\$	\$
							\$	
I, the undersigned, hereby certify that the mileage and tolls indicated within this claim were								
necessary and traveled by the claimant and foster child(ren).								
Foster Parent Signature Date								
Approved								
Approved Caseworker or Homefinder Signature								
				Only				
Office Use Only Unit: SSTW:								
SSTW Date Paid: Date Scanned to Accounting:								
Date Ocalined to Accounting.								

Instructions:

To ensure prompt processing please:

- Sign and date the form.
- Attach receipts for parking and tolls.
- Roundtrip addresses
 - Print the street address, including city and zip code, from which you start, usually your home address, in the "From" column.
 - o Print the name and address, including city and zip code, of the visitation site you travelled to in the "To" column.
- Attach additional sheets as needed to accommodate all round trips.
- Mail completed form to:

Erie County Department of Social Services

2875 Union Road Suite 356

Cheektowaga, NY 14227

Attention: Homefinding

-or-

Email to:

Homefinding@erie.gov

If you have any questions or concerns, please contact your Homefinder.