

## Instructions for Form 435

### Caregiver’s Supplementary Expenditure Affidavit

Foster and relative/kin caregivers use Form 435 to list expenses that have been made in the course of caring for a child and to request reimbursement from DCFS. The form is also used for potential caregivers to be reimbursed for babysitting and travel related to certification training.

Use this form to record your expenses and submit it for reimbursement. You should also keep a copy of the form and receipts you attached for your own records.

**Please note the following.**

- Use a separate form for each child you are claiming expenses and requesting reimbursement for.
- Keep a copy of the completed form and receipts for your records.
- Expenses that occurred more than 90 days ago are not eligible for reimbursement, so be sure to fill out and submit your 435 Forms timely.

### Filling out the 435 Form

- Start by entering your name and Provider TIPS number, the name of the child in your care and his/her TIPS number
- Enter the date and the period of time the expenses occurred.

*Example*

You are filling out the form on April 3 for expenses occurred in the month of March. You will enter “Apr. 3, 2025” as the date, “From: Mar. 1, 2025” and “To: Mar. 31, 2025.”

**CAREGIVER’S SUPPLEMENTARY EXPENDITURE AFFIDAVIT**

Name of Caregiver:	Name of Child:	DATE: (No more than one month)
Caregiver TIPS Number:	Child TIPS Number:	From: To:



## Travel

- Enter the date you traveled, the location and reason for travel, your odometer readings before and after the travel, and the total number of miles traveled.
- You will receive the state reimbursement rate, which is currently \$0.70 per mile.
  - Multiply the total number of miles by \$0.70, and enter that amount into the last column.
- Please check with your caseworker to confirm that the reasons for travel are reimbursable.

### Example

On March 3, you traveled to Better Health Clinic for a child in your care to attend a therapy session. You would put “Better Health Clinic – child’s therapy session” as the destination and purpose. Your odometer reading when you left your house was 54,672 miles. When you returned, it was 54,735 miles, for a total of 63 miles traveled. With the reimbursement rate of \$0.70 per mile, you will be reimbursed \$44.10 for this trip. Please note that this is a direct trip, and additional stops will not be reimbursed.

Mileage (Include Only Travel Approved by DCFS)

Date	Destination and Purpose of Travel	Odometer Reading		Miles Traveled	Amount miles x state rate
		Departure	Arrival		
<b>TOTAL</b>					

If you used public transportation or other means of travel, you must attach a receipt for that expense.

## Educational, Medical, Clothing, and Other Expenses

- If you have spent money on items related to the child’s education, his/her medical needs, clothing, or other things needed while a child was in your home, you should enter those expenses to request reimbursement.
- You must have prior approval to be reimbursed for any expenses.
- For each expense listed, you must have a receipt showing you paid for the expense, and the receipt must be attached to the completed 435 Form.
- Each item should be entered in the correct category for reimbursement.

**Example**

After receiving approval form your caseworker, on March 22 you purchased a new school binder for a child in your care that cost \$35. On March 30, you paid \$30 for the child’s allergy medication, and you purchased new blue jeans and t-shirts for the child. That expense, also on March 30, totaled \$125.

Educational Expenses	Medical	Clothing	Other
<b>TOTAL COSTS</b>			

<b>Retainer Home Visitation - Date(s) of Visit(s):</b>				

Receipts over 90 days will not be paid or reimbursed.  
 Receipts must be attached for each expenditure with child’s name, store name, clerk’s name or number and amount. The receipts are to be itemized.  
 Purchases of clothing and other incidental needs for which you are requesting reimbursement require prior approval from DCFS.

I certify that these expenses were made by the above-named, that the child has received the benefits from them and that the prices of purchases are no higher than prices for the same quality of goods and services at other places where I could reasonably trade.	<b>Caregiver Signature</b>	<b>Date</b>
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**Signature and Date**

- Once you have completed the form listing all of your monthly expenses, sign and date the form.

**Babysitting**

- You can be reimbursed up to \$10 per hour for one minor child and up to \$15 per hour for multiple children while attending trainings in the process of becoming a certified caregiver.
- The babysitter must sign at the bottom of the form to certify that the information is accurate.

**Example**

You and your spouse attended A Journey Home training, and you hired a babysitter for the child on March 7. The babysitter signed the 435 Form to verify that he/she did watch the child.

**AJH Childcare Reimbursement** (No more than \$10.00 per hour for one minor child or \$15.00 per hour for multiple children).

Date	Child	Times (from /to)	Total
<b>TOTAL</b>			

I certify that the information above is correct:

\_\_\_\_\_ **Babysitter’s Signature**

\_\_\_\_\_ **Date**

## Completing and Submitting the Form

- You can email a completed copy of the form and receipts to your caseworker, then give him/her the original form and receipts at your next in-person meeting.
- Again, it is advised that you keep a copy for your records.

### Questions?

Ask your caseworker if you need assistance completing the 435 Form, or email [DCFSFosterCare@la.gov](mailto:DCFSFosterCare@la.gov).