

KINSHIP GUARDIANSHIP ASSISTANCE PAYMENT (Kin-GAP) PROGRAM NONRECURRING LEGAL GUARDIANSHIP EXPENSES FORM

LEGAL GUARDIAN NAME _____

RESIDENCE ADDRESS _____

TELEPHONE NUMBER _____ MINOR NAME _____

PURPOSE(S) _____

TRIP HOURS (START/END)	DATE	TOTAL HOURS	LOCATION

EXPENSE	DATE	DETAIL	AMOUNT
Transportation		<input type="checkbox"/> Air <input type="checkbox"/> Taxi <input type="checkbox"/> Rental car <input type="checkbox"/> Other	\$
		<input type="checkbox"/> Air <input type="checkbox"/> Taxi <input type="checkbox"/> Rental car <input type="checkbox"/> Other	\$
Personal car		Mileage _____ x _____ ¹ per mile	\$
Parking			\$
			\$
Lodging		Location	\$
		Location	\$
		Location	\$
		Location	\$
Meals			\$
			\$
			\$
			\$
Other (misc expenses, attorney fees, etc.)		Purpose	\$
		Purpose	\$
		Purpose	\$
		Purpose	\$
		Purpose	\$
TOTAL AMOUNT			\$

SIGNATURE _____ DATE _____

Allowable costs associated with obtaining the legal guardianship include, but are not limited to: reasonable travel costs to a guardianship hearing not otherwise covered through foster care payments (transportation/mileage, parking, lodging, and/or meals), attorney's fees, and other miscellaneous nonrecurring expenses directly related to obtaining a legal guardianship. Kin-GAP nonrecurring expenses shall not exceed \$2,000.

¹ Use the federal rate of mileage - <http://www.irs.gov/Tax-Professionals/Standard-Mileage-Rates>

Receipts must be attached. Please keep copies for your records