**Foster Parent Peer Mentor Reimbursement Form**

### Instructions: Please ensure that all applicable parts of this form are completed legibly and in their entirety. If you have questions regarding this form, please contact your local Community Based Care (CBC) lead agency.

This form is intended for Community Based Care (CBC) Lead Agencies who operate a foster parent peer mentoring program within their community. The reimbursement of the expenses will assist CBCs in providing an annual stipend to foster parent peer mentors who will be trained as Trust-Based Relational Interventions (TBRI) practitioners, offering hands-on assistance to individuals interested in becoming a licensed foster parent as well as existing foster parents caring for children with challenging behaviors. The foster parent mentors are not employees of the CBC or subcontracted agency.

This form must be completed by the designated representative of the CBC. Please enter the expense of each applicable item and provide supporting documentation.

**Section I: General Information**

Name of designated representative:

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Name of CBC Lead Agency:  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Number:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell number of designated representative:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address:

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| **Reimbursement request** | | | |
| --- | --- | --- | --- |
|  | Date of Expense | Total Cost of item | Amount of reimbursement request |
| First and Last Name of Foster Parent Peer Mentor: Foster Parent FSFN Provider ID:  Description of expense: |  |  |  |
| First and Last Name of Foster Parent Peer Mentor: Foster Parent FSFN Provider ID:  Description of expense: |  |  |  |
| First and Last Name of Foster Parent Peer Mentor: Foster Parent FSFN Provider ID:  Description of expense: |  |  |  |
| First and Last Name of Foster Parent Peer Mentor: Foster Parent FSFN Provider ID:  Description of expense: |  |  |  |
| First and Last Name of Foster Parent Peer Mentor: Foster Parent FSFN Provider ID:  Description of expense: |  |  |  |
| First and Last Name of Foster Parent Peer Mentor: Foster Parent FSFN Provider ID:  Description of expense: |  |  |  |
|  |  |  |  |
| **Total** |  |  |  |

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***Supporting Documents should include but not limited to CBC Foster Parent Peer Mentoring program description, policies and procedures, calendar of monthly/yearly events, copy of peer mentoring training and mentorship agreements, and receipts of expenses.***