

## **RESIDENTIAL TRAVEL POLICY FOR PARENTS WITH STUDENTS IN RESIDENTIAL PLACEMENT**

### **Visits by family members (parents, siblings, or other relatives) to students placed in residential treatment centers through a District generated IEP**

The student District of Residence shall pay for actual and necessary expenses, so that a parent/guardian of a student placed in Residential Treatment Centers by a District generated Individualized Education Program (IEP) can make therapeutically necessary trips to visit the student.

The IEP team shall determine how many trips are necessary to support the student's IEP. Visits should be to address therapeutic needs related to the student's IEP. The district of residence shall fund expenses for one or both parents or guardians to the RTC or for the student to conduct a home visit, round trip. Typically, four therapeutic visits per year (parents or student home visits) is appropriate.

A Travel authorization form, (see attached) must first be sent to the residential facility for approval of a visit by a therapist and then sent to the District for secondary written approval by a District Administrator, before travel arrangements can be authorized.

Expenses shall be reimbursed within limits established by the IEP team. The Superintendent or Designee shall establish procedures for the submission and verification of expense claims.

## **PROCEDURES**

1. **General:** It is the intent of the District to allow for necessary expenses involved with trips to visit students placed in Residential Treatment Centers (Non-Public Residential Placements) by the IEP team, that are therapeutically necessary for the student to progress in his/her treatment plan. Limits and regulations have been established, and are enumerated below, that allow for reasonable reimbursement of expenses. The list below is not exhaustive and charges determined to be unreasonable or unnecessary may be denied for reimbursement at the discretion of the District Superintendent or Designee. It is suggested that, if a charge or service is not covered below, and there is any doubt as to it being appropriate, parent should discuss the request with the District Superintendent or Designee before expending the funds. Travel is to be paid for by the family, (unless otherwise arranged in advance) with receipts submitted to the district within 60 days of return. Reimbursement will be made by the district within 60 days and following the conditions listed in this policy.
2. **Pre-Authorization for Visit:** At least 30 days before a planned visit begins Parent/Guardian must complete a Travel Authorization Form that can be obtained on the-SELPA Website under "Miscellaneous Forms." Please note that the form must be approved by both District of Residence and the residential placement. The placement will need to certify to the District of Residence that the visit is therapeutically necessary

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and that up to two family members visiting individually need to be part of the trip. Also note that estimates are required for airlines, lodging, and rental cars. If any of these amounts are determined to be more than is customary for any of these items, the District or Residence may ask the parent to attempt to find more reasonable arrangements. It is important that trips be booked far enough in advance so that availability and reasonable rates can be assured.

3. **Airlines**: Parents should book only the least expensive tickets, 30 days in advance, and fly in the most direct and economical route possible for the location being visited. The District will not allow auto or other ground transport in lieu of flying if it is determined that this would increase the costs significantly. Airfare will be reimbursed at an amount not to exceed \$400 per person per visit.
4. **Lodging/Car Rental:(Lodging is defined as hotel and meal costs)** Parents will be given a maximum reimbursement per trip of \$300 per visit for lodging and car rental expenses if appropriate. A total of two nights' lodging and/or car rental costs will be reimbursed. District policy requires submission of itemized receipts for reimbursement of expenditures.
5. **Emergency visits**: It is understood that there may be rare instances where a visit to a student, or a home visit by the student, needs to be made under emergency conditions. Severe crises, accidents or injury, and other unforeseen events can occur. The District will reimburse for charges made during these times as long as a legitimate attempt was made to travel in the most cost-effective manner possible. These cases, due to their variable nature, must be handled on a case-by-case basis. The District will make a reasonable attempt to be flexible in these cases, but they must be reviewed before reimbursement will be authorized.

### Policy Information

#### **Guidelines for Reimbursement:**

- **PARENT** must submit a Travel Authorization Form 30 days prior to planned departure which is located on the SELPA Website under "Miscellaneous Forms."
- **PARENT** is responsible for making travel arrangements.
- **PARENT** is responsible for submitting **original** itemized receipts for Allowable Expenditures.

To obtain reimbursement for pre-approved travel expenditures, the student's parent must submit the documentation evidencing payment as follows:

- For cash expenditures, the original itemized receipt, which may not include non-allowable expenses
- For check expenditures, original itemized receipt and a copy of the front/back of the check
- For credit card or debit card expenditures, the itemized credit card or debit card receipt, a copy of the monthly billing statement indicating the charged amounts (with other charges and personal account information redacted).

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**Claim form** (attached) and documentation are to be submitted to the attention of:

District of Residence  
Special Education Director  
Address; City, State, Zip

**Allowable Expenditures:**

- Allowable expenditures shall be limited to two (2) parents or guardians per visit.
- Reimbursement may be for the following: economy airfare, train or bus fare, mileage reimbursement for use of personal vehicle or rental car (economy/compact class), lodging and meals for parent/guardian expenses.
- **Airfare/Train:** Not to exceed \$400 per ticket, per visit. 30-day advance purchase required. When travel is by airplane, parking at the departing airport and ground transportation (the lesser expense for a shuttle, rental car or taxi) from the destination airport to the RTC will be reimbursed with submission of original receipts. Submit itemized passenger ticket receipts for students/parents/guardians only. Ground transportation will not be reimbursed if the residential facility provides transportation from the airport to their facility. If airfare cannot be found under the cap above, the U.S. General Services Administration's City Pair Program (CPP) rates can be used by the LEA to determine if the limit can be exceeded.
- Lodging costs are limited to the U.S. General Services Administration's rates. The rates can be found on their website, GSA.gov. The location of the facility determines which rate applies.
- **Personal Vehicle:** Use of one personal vehicle will be reimbursed for mileage from the student's home to the RTC at the established government rate (updated annually on January 1st). However, the total reimbursement amount for mileage traveled may not exceed the cost of economy airfare to the RTC. Example, if the roundtrip airfare, plus airport parking and ground transportation to the RTC is \$350.00 and the mileage reimbursement totals \$600.00, the mileage reimbursement would be reduced to \$350.00. An independent mileage website (i.e., MapQuest, Google Maps, etc.) will be used by the LEA to verify the mileage calculation.
- If a rental car is required, the LEA will reimburse the required mileage at the current rate and up to an additional \$40 per day the car is required. Rental cars must be the least expensive class of vehicles.
- **Meals (Food):** Reimbursement shall follow the limits the U.S. General Services Administration sets for the location. This includes their policy on the first and last day of travel limits.

Itemized **original** payment documentation required.

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**Non-Allowable Expenditures:**

- Travel expenses for siblings
- Expenses paid for by the Residential Treatment Center, such as airfare, transportation, and/or accommodations
  
- Expenses which exceed regular/customary fees such as:
  - Luxury hotels/accommodations
  - Luxury vehicles
  - First class/Business Class airfare
  - Alcoholic beverages
  - In room movies
  - Room service
  - Entertainment-related expenses
  - Snacks
  - Personal expenses and/or incidentals
  - Tips/gratuities
  - Phone call charges
  - Excess baggage fees
  - Ticket change fees
  - Tobacco
  - Any marijuana or THC related products
  - Other extraordinary expenses as determined by District

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**TRAVEL REIMBURSEMENT CLAIM FORM**

Person Submitting Claim: \_\_\_\_\_

Name of Student: \_\_\_\_\_

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

Person(s) Traveling: \_\_\_\_\_

Beginning Date of Travel: \_\_\_\_\_ Ending Date of Travel: \_\_\_\_\_

Expenditure	Day 1	Day 2	Day 3
<p style="text-align: center;">Transportation</p> <p>Airfare:                      List actual cost of airline ticket                      Not to exceed \$400 per person per visit                      (Not to exceed 2 trips per year)                      Original receipt(s) must accompany claim form</p>	\$	\$	\$
<p>Hotel:                      Car Rental:                      *Not to exceed \$300 per visit*                      Original receipt(s) must accompany claim form</p>	\$	\$	N/A
TOTAL EACH COLUMN	\$	\$	\$

TOTAL REIMBURSEMENT \$ \_\_\_\_\_

Return completed form with original receipts to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**TRAVEL AUTHORIZATION FORM**

**To be completed 30 days prior to travel:**

Parent/Guardian(s) Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Person(s) traveling:

1. Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

**Travel Arrangements**

Beginning Date of Travel: \_\_\_\_\_ Ending Date of Travel: \_\_\_\_\_

Return from: \_\_\_\_\_ To: \_\_\_\_\_

Airlines: \_\_\_\_\_ Estimated Amount: \_\_\_\_\_

Lodging: \_\_\_\_\_ Estimated Amount: \_\_\_\_\_

Rental Car: \_\_\_\_\_ Estimated Amount: \_\_\_\_\_

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**District of Residence:** \_\_\_\_\_

Superintendent or Designee: \_\_\_\_\_

Conditions of Approval : \_\_\_\_\_

**Residential Placement Facility: (To be completed by Facility Director)**

Purpose of Visit: \_\_\_\_\_

Agency Representative: \_\_\_\_\_ Print Name and Title: \_\_\_\_\_

Return to: \_\_\_\_\_

**\*Receipts and Travel Claim Form must be submitted within 60 days of completions of trip**