

California Children's Services Maintenance and/or Transportation Authorization

Issue Date: _____

TO: (Name and Address)

CCS Client Name: _____

CCS Number: _____

Date of Birth: _____

California Children's Services has authorized the following transportation and/or maintenance services for the above client and/or responsible adult caregiver:

- **Lodging** ____ Night(s) at a maximum cost of \$_____ per night, at _____.
- **Meals** Actual costs up to \$15/day/person for ____ person(s).
- **Transportation**
 - Mileage Reimbursement up to maximum cost of \$_____.
 - Mode of Travel: _____ up to maximum cost of \$_____/person for ____ person(s).
 - Associated Costs (e.g., parking, tolls) actual cost up to \$_____.

Services Authorized for the Period of _____ **to** _____.

Comments:

Additional prior authorization is needed for all additional expense requests.

Directions:

- Receipts are required for all claimed expense (except for gasoline which is reimbursed based on miles of needed travel).
- For reimbursement, submit receipts for all costs along with a copy of this authorization.
- Submit claim and receipts within ____ days of completed travel to:

(Local CCS Program Name and Address)

If you have questions, please call CCS at ()

Failure to comply with these requirements may result in the client/caregiver being excluded from future use of the CCS maintenance and transportation benefit.

CCS Staff Signature