INDIANA DEPARTMENT OF CHILD SERVICES

DCS Foster Parent

Invoicing Manual

(revised 12/15/2012)

INDIANA DEPARTMENT OF CHILD SERVICES

Instructions for Completing an Invoice (i.e. Claim for Support of Children) for Per Diem

- **BOX 1. Name of vendor**- *This is the legal name you put on your Vendor Information Form when you signed up to receive per diem for your foster child.*
- **BOX 2. Tax Identification Number**- *This is your SSN.*
- **BOX 3. ST Number**- *This is the number that was assigned to you when you signed up as a vendor to receive per diem for your foster child. You can find your ST # at http://financials.dcs.in.gov/login.aspx. Select "Provider Service Guide" and enter your SSN.*
- **BOX 4. Invoice Number**- *This is a number that you create for us to be able to identify each invoice. This number must consist up to only 8 digits and/or letters.* ***THIS IS REQUIRED ON EVERY INVOICE AND MUST BE DIFFERENT ON EVERY INVOICE.*** *Examples ("Mar2012" or "Apr2012")*
- **BOX 5. Date of Invoice**- *This is the date of your invoice. This date has to be within 10 business days (Saturdays included) of the date your invoice is stamped into our office. It also needs to be dated after the last date of placement. The best example is to put the date you mail your claim as your invoice date.* ******Please do not date or mail your invoice until AFTER the last date you are billing. Example (Do not date your invoice for 4/30/2012 and mail it in on 4/25/2012. It needs to be mailed on 5/1/2012 to avoid any delay in your payment*******
- **BOX 6. Address**- *This is your current and complete address (including city, state, zip). This address MUST match the address we have in our system in order for us to process your claim. If you move you must complete a Vendor Information Form to have your address changed with our office.*
- **BOX 7. Invoice Type**- *This is the kind of invoice you are completing. If it is the first time you are sending the invoice you would mark First Bill. If it is something you are rebilling you would mark Re-Bill. If it is something you are appealing you would mark Appeal.*
- **BOX 8. Page ____ of _____ Pages**- *This is the number of pages your invoice contains. Example (If your invoice is 1 page you would enter Page 1 of 1 Pages. If your invoice is 2 pages you would enter 1 of 2 on the first page and 2 of 2 on the second page).*
- **BOX 9. Invoice Service Type**- *Please put a check in the box that says "Foster Parent."*
- **BOX 10. For the period**- *This is the first and last days of the month being billed on the invoice.*
- **BOX 11. Total of Claim**- *This is the sum of all your lines you are billing (Column 21).*
- **BOX 12. County**- *This is the county the per diem was ordered.*
- **BOX 13. PL#-***When billing for monthly per diem you need to bill with the PL# that is located on the top right hand corner of the child's ICPR. You can obtain this number or a copy of the ICPR by contacting your FCM or Foster Care Specialist. You should include PL- at the beginning of the number. (**REQUIRED**)*

INDIANA DEPARTMENT OF CHILD SERVICES

Instructions for Completing an Invoice (i.e. Claim for Support of Children) for Per Diem (cont'd)

- **BOX 14. Case #-** *This is where you put the child's case number. (**REQUIRED**)*
- **BOX 15. Name/Comments/Documentation-** *This is where the name of the foster child goes and where you would put any general information you would like our office to know about your invoice.*
- **BOX 16. Billing Code-** *This is where you would put the billing code of the service your foster child is receiving. *See the attached list of billing codes.*
- **BOX 17. Dates of Service Begin-** *First day of placement when billing per diem OR date of purchase for other expenses.*
- **BOX 18. Dates of Service End-** *For expenses other than per diem, this is date of purchase. For per diem, this is the last day of placement for the billing month. Please remember that DCS will only pay for overnight stays. Example (If you are billing for per diem from 3/1/12 through 3/31/12, 31 days, and the child did not stay overnight in your home on 3/31/12 you can only claim through 3/30/12, 30 days)*
- **BOX 19. Unit-** *This is the number of days you are claiming. Example (31 days=31 units)*
- **BOX 20. Rate-** *This is the dollar amount (rate) that is located on your child's ICPR that was determined by the Child & Adolescent Needs and Strengths (CANS) assessment done by your FCM. You may obtain a copy of the child's ICPR from your FCM. If there is a change in rate for any reason the child will be given a new ICPR with a new PL#. If this occurs you will need to make sure you obtain a copy from your FCM and that you are billing with the correct PL #.*
- **BOX 21. Total Cost-** *This is the total of the line. You reach this number by multiplying the number of units (days) by the rate you are billing. Example (31 units at a rate of 18.88 is 31 x 18.88=585.28)*
- **BOX 22. Signature of vendor-** *This is the signature of the person who is on the vendor information form that you submitted to receive payments.* ***THIS IS REQUIRED AND MUST BE AN ORIGINAL SIGNATURE. NO COPIES ARE ACCEPTED AND WILL RESULT IN DELAY OF YOUR PAYMENT. ALL PAGES MUST BE SIGNED. BLUE INK IS STRONGLY RECOMMENDED.***
- **BOX 23. Telephone number of vendor-** *Please provide the phone number that provides the best chance of contacting you during business hours if there is an issue with your invoice.*
- **BOX 24. E-mail address of vendor-** *Please provide the best email contact for us to be able to send correspondence if there is an issue with your invoice.*
- **BOX 25. Date-** *This is the date that you sign the invoice.*

INDIANA DEPARTMENT OF CHILD SERVICES

Example Invoice for Per Diem

CLAIM FOR SUPPORT OF CHILDREN
Payable from Family and Children Funds
State Form 28808 (R13 / 4-12) / DCS 0327
Approved by State Board of Accounts, 2012
INDIANA DEPARTMENT OF CHILD SERVICES

1. Name of vendor	2. Tax Identification number	3. ST number	4. Invoice number	5. Date of invoice
Jane Doe	555-55-5555	ST123456	12-Apr	5/1/2012

6. Address (*number and street, city, state, and ZIP code*): 123 America St. America, Indiana 43210

7. Invoice Type: ☑ First Bill ☐ Re-Bill ☐ Appeal

8. Page 1 of 1 Pages

9. Invoice Service Type: ☐ Residential ☐ LCPA ☐ Relative ☑ Foster Parent ☐ Family Preservation ☐ Independent Living ☐ Adoption ☐ Home Builders ☐ CMHC ☐ Medicaid ☐ Group ☐ Court ☐ Reports

10. For the period: From: April 1, Year 2012 to April 30, Year 2012

11. Total of Claim: $ 1,181.70

	CHILDREN FOR WHOSE SUPPORT AND ALLOWANCES ARE DUE AND PAYABLE					DATES OF SERVICE				
	12. COUNTY	13. BILLABLE UNIT REFERRAL ID	14. CASE ID	15. NAME / COMMENTS / DOCUMENTATION	16. BILLING CODE	17. BEGIN	18. END	19. UNIT	20. RATE	21. TOTAL COST
1	Morgan	PL-1111	987654321	JOHNNY APPLESEED	20721.11478	04/01/12	04/30/12	30.00	18.88	566.40
2	Marion	PL-2222	123456789	SNOW WHITE	20721.11479	04/01/12	04/30/12	30.00	20.51	615.30
3										
4										
5										
6				***YOU MAY ALSO USE THIS COLUMN TO PUT						
7				ANY ADDITIONAL INFORMATION YOU WOULD						
8				LIKE OUR OFFICE TO KNOW ABOUT YOUR						
9				INVOICE***						
10										
11										
12										
13										
14										
15										
16										

Pursuant to the provisions and penalties of Indiana Code 5-11-10-1, I hereby certify that the foregoing invoice is just and correct, that the amount claimed is legally due, after allowing all just credits, and that no part of the same has been paid.

Page Total: 1,181.70

I hereby swear and affirm under the penalties of perjury the attached bill contains the actual placement and/or service costs provided for the individual listed on such bill. The dates, days, hours and units of time and costs for placement or service are true and accurate. I understand that in submitting this that I am under oath stating and affirming that these services were provided and fully understand that these services may be independently audited and that any discrepancy may be referred to a local prosecutor for criminal prosecution.

22. Signature of vendor	23. Telephone number of vendor	24. E-mail address of vendor	25. Date (*month, day, year*)
SIGN HERE (DO NOT SEND A COPY)	(317) 555-5555	myemailaddress@yahoo.com	DATE YOU SIGN HERE

INDIANA DEPARTMENT OF CHILD SERVICES

Foster Care Per Diem Billing Codes

- 20721.11478-Foster Care (CANS Category 1) 0-4 years old
- 20721.11479-Foster Care (CANS Category 1) 14-18 years old
- 20721.11480-Foster Care (CANS Category 1) 5-13 years old
- 20721.11481-Foster Care (CANS Category 2) 0-4 years old
- 20721.11482-Foster Care (CANS Category 2) 14-18 years old
- 20721.11483-Foster Care (CANS Category 2) 5-13 years old
- 20721.11484-Foster Care (CANS Category 3) 0-4 years old
- 20721.11485-Foster Care (CANS Category 3) 14-18 years old
- 20721.11486-Foster Care (CANS Category 3) 5-13 years old
- 20721.11487-Foster Care (CANS Category 4 or higher) 0-4 years old
- 20721.11488-Foster Care (CANS Category 4 or higher) 14-18 years old
- 20721.11489-Foster Care (CANS Category 4 or higher) 5-13 years old
- 20721.11491-ESC TIER II

INDIANA DEPARTMENT OF CHILD SERVICES

Additional Payments to Foster Parents

(Slide added 8/7/2012)

- **Initial Clothing** – up to $200 within 60 days of placement.
- **Personal Allowance** – up to $300 per child per calendar year after 8th day of placement.
- **Special Occasion Allowance** - $50 for birthday and $50 during December holidays.
- **Travel** for certain purposes over approx 162 miles per month

Initial Clothing and Personal Allowance require a referral; Special Occasion Allowance and Travel do not.

INDIANA DEPARTMENT OF CHILD SERVICES

Other Payments Made to Foster Parents Receiving Per Diem

Clothing

Initial clothing & personal allotment	$200 maximum per child
Ongoing clothing	No-an appeal is required
School uniforms	No-an appeal is required unless initial
Sudden weight gain or loss	No-an appeal is required
Other uniforms (sports, band)	Personal Allowance
Special Circumstances	
Prom	Personal Allowance
Other special occasion	Personal Allowance

Client Travel

Mileage	In excess of approx 162 miles per month
Parking	Personal Allowance
Tolls	Personal Allowance
Bus Passes	Personal Allowance
Transportation vouchers	No
Gas Cards	No
Taxi	No

Recreation

Team sports leagues	Personal Allowance
Lessons (sports, music, dance)	Personal Allowance
Special events	Personal Allowance
Summer camp	Personal Allowance
Musical instruments	Personal Allowance
Sporting equipment	Personal Allowance
Youth club dues	Personal Allowance
Community center dues	Personal Allowance

Supplies

School supplies	No - per diem funds
Personal incidents	No - per diem funds
Phone cards	No

Education

Preschool-	No
Alternative schools	No
Computer hardware/software	Personal Allowance
Field trips	Personal Allowance
Class pictures	Personal Allowance
Book rental fees	D.O.E. Cannot charge for Wards
Driver's education	Personal Allowance (unless eligible for IL)
Summer school/programs-	Personal Allowance
Application fees	Personal Allowance
Tutoring	Personal Allowance
Internet classes	Personal Allowance
Extra curricular activities	Personal Allowance
Electronic devices (laptop, etc)	Personal Allowance

Miscellaneous

Day Care/Respite	No
Bed & Bedding	No
High chair (baby equipment)	Personal Allowance
Car seat	Yes or Personal Allowance

Special Occasion Allowance

Birthday - $50 (no referral)	must be in foster care on day of birthday
December holiday - $50 (no referral)	must be in foster care on December 25th

Initial Clothing - available anytime within the first 60 days of placement. Purchase must be made within 30 days of receipt of voucher/referral.

Personal Allowance - Each child will receive an annual personal allowance up to **$300** per calendar year. The child must be in placement **8** consecutive days to qualify. The FCM must make efforts to seek alternative community funding sources prior to utilizing this fund. Service referral is needed.

Car Seats - DCS will pay for the car seat if needed at the time of initial removal or unplanned/emergency placement when one is not readily available. Personal Allowance may be used if an upgrade is needed or an extra car seat is needed for a second vehicle .

Mileage - must be in excess of 162 miles per month and paid at the state rate, currently .44/mile. Approved travel includes visitations, health appointments, case activities and to school if transportation is not provided per Indiana law. No service referral needed unless exception to policy.

The FCM, Supervisor, or LOD can appeal for funds for families to cover unusual circumstances or situations. A one (1) page written request stating reason, circumstances and the amount must be submitted to the Regional Manager and the Regional Finance Manager with the final determination made by the Regional Manager. All requests must outline the efforts made to utilize outside funding (i.e. donations, civic organizations, churches, Salvation Army, etc.). Approval or Denial will be copied to the Regional Finance Manager.

3/16/2012

INDIANA DEPARTMENT OF CHILD SERVICES

Foster Parent Personal Allowance Billing Codes
(A referral from your FCM is required for these services*)
(Slide revised 12/15/2012)

- 30002.2- Summer Camp
- 30002.5- Graduation Items
- 30002.6- Prom Items
- 30002.7- Children's Bed and Bedding
- 30002.8- Parental Travel for Visitation
- 30002.9- Initial Clothing
- 30002.10- Musical Instrument
- 30002.11- Lessons (Indicate what type of lesson/class)
- 30002.12- Sporting Equipment
- 30002.13- Special Event
- 30002.14- Sports Team Costs
- 30002.15- Dues (Indicate what type of dues)
- 30002.16- Uniforms
- 30002.17- Special Clothing
- 30002.18- Application Fees
- 30002.19- Tutoring
- 30002.20- Special Programs
- 30002.28- Weight Gain or Loss
- 30002.29- Special Circumstance (Other)
- 30002.31- Extra Curricular Activities
- 30002.33- Driver's Education (For IL Eligible Only)
- 30002.34- Community Center Dues
- 30002.35- Internet Classes
- 30002.36- Summer School/Programs
- 30002.11492- Holiday Allowance *
- 30002.11493- Birthday Allowance *

* Please note: Holiday and Birthday allowances do **NOT** require a referral from your FCM.

INDIANA DEPARTMENT OF CHILD SERVICES

Example Claim for Personal Allowance

CLAIM FOR SUPPORT OF CHILDREN
Payable from Family and Children Funds
State Form 28808 (R13 / 4-12) / DCS 0327
Approved by State Board of Accounts, 2012
INDIANA DEPARTMENT OF CHILD SERVICES

1. Name of vendor	2. Tax Identification number	3. ST number	4. Invoice number	5. Date of invoice
Jane Doe	555-55-5555	ST123456	Apr-12A	5/1/2012

6. Address (*number and street, city, state, and ZIP code*)
123 America St. America, Indiana 43210

7. Invoice Type: ☑ First Bill ☐ Re-Bill ☐ Appeal

8. Page 1 of 1 Pages

9. Invoice Service Type
☐ Residential ☐ LCPA ☐ Relative ☑ Foster Parent ☐ Family Preservation ☐ Independent Living ☐ Adoption
☐ Home Builders ☐ CMHC ☐ Medicaid ☐ Group ☐ Court ☐ Reports

10. For the period:
From: April 1, Year 2012 to April 30, Year 2012

11. Total of Claim
$ 90.95

	CHILDREN FOR WHOSE SUPPORT AND ALLOWANCES ARE DUE AND PAYABLE					DATES OF SERVICE				
	12. COUNTY	13. BILLABLE UNIT REFERRAL ID	14. CASE ID	15. NAME / COMMENTS / DOCUMENTATION	16. BILLING CODE	17. BEGIN	18. END	19. UNIT	20. RATE	21. TOTAL COST
1	Morgan	RF111111	987654321	JOHNNY APPLESEED	330002.29	04/20/12	04/20/12	1.00	55.95	55.95
2				Car Seat for Johnny						
3										
4	Marion	RF222222	123456789	SNOW WHITE						
5				Swimming Lessons for Snow White	330002.11	04/15/12	04/15/12	1.00	35.00	35.00
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										

PLEASE ATTACH ALL RECEIPTS TO A BLANK 8 1/2 BY 11 SHEET OF PAPER AND ATTACH THAT PAPER TO YOUR INVOICE.

↑ You put the RF # (Billable unit referral ID #) off of the referral that was created by your FCM in this column.

YOU MAY ALSO USE THIS COLUMN TO PUT ANY ADDITIONAL INFORMATION YOU WOULD LIKE OUR OFFICE TO KNOW ABOUT YOUR INVOICE

↑ You ↑ put the date of purchase in these columns.

↑ You put the $ amount of the item purchased in this column.

Pursuant to the provisions and penalties of Indiana Code 5-11-10-1, I hereby certify that the foregoing invoice is just and correct, that the amount claimed is legally due, after allowing all just credits, and that no part of the same has been paid.

Page Total 90.95

I hereby swear and affirm under the penalties of perjury the attached bill contains the actual placement and/or service costs provided for the individual listed on such bill. The dates, days, hours and units of time and costs for placement or service are true and accurate. I understand that in submitting this that I am under oath stating and affirming that these services were provided and fully understand that these services may be independently audited and that any discrepancy may be referred to a local prosecutor for criminal prosecution.

22. Signature of vendor	23. Telephone number of vendor	24. E-mail address of vendor	25. Date (*month, day, year*)
SIGN HERE (DO NOT SEND A COPY)	(317) 555-5555	myemailaddress@yahoo.com	DATE YOU SIGN HERE

INDIANA DEPARTMENT OF CHILD SERVICES

Assistance for Unlicensed Relatives

(Slide added 8/7/2012)

- **Initial Clothing** – up to $200 within 60 days of placement.
- **Personal Allowance** – up to $300 per child per calendar year after 8th day of placement.
- **Special Occasion Allowance** - $50 for birthday and $50 during December holidays.
- **Travel** for certain purposes.
- **Respite Care** – up to 5 days per year.
- **Child Care Allowance** – up to $18 per day ($90 per week) per child for licensed child care cost for relatives who work or attend school. Available up to 6 months or until CCDF begins.
- **Bedding Allowance** – one-time payment; up to $400 per child.

All above items require a referral except Travel and Special Occasion Allowance.

Example Invoice – Child Care

(Slide added 8/7/2012)

CLAIM FOR SUPPORT OF CHILDREN
Payable from Family and Children Funds
State Form 28808 (R13 / 4-12) / DCS 0327
Approved by State Board of Accounts, 2012
INDIANA DEPARTMENT OF CHILD SERVICES

1. Name of vendor	2. Tax Identification number	3. ST number	4. Invoice number	5. Date of invoice
ABC Daycare	123-45-6789	ST123456	Aug-12	9/1/2012

6. Address (*number and street, city, state, and ZIP code*)
123 Childcare Lane, Indianapolis, IN 46204

7. Invoice Type
☑ First Bill ☐ Re-Bill ☐ Appeal

8. Page 1 of 1 Pages

9. Invoice Service Type
☐ Residential ☐ LCPA ☐ Relative ☐ Foster Parent ☑ Family Preservation ☐ Independent Living ☐ Adoption
☐ Home Builders ☐ CMHC ☐ Medicaid ☐ Group ☐ Court ☐ Reports

10. For the period:
From: August 1, Year 2012 to August 31, Year 2012

11. Total of Claim
$ 252.00

	CHILDREN FOR WHOSE SUPPORT AND ALLOWANCES ARE DUE AND PAYABLE					DATES OF SERVICE				
	12. COUNTY	13. BILLABLE UNIT REFERRAL ID	14. CASE ID	15. NAME / COMMENTS / DOCUMENTATION	16. BILLING CODE	17. BEGIN	18. END	19. UNIT	20. RATE	21 TOTAL COST
1	Marion	RF123456	12345678	Johnny Doe	10514.882	08/01/12	08/01/12	1.00	18.00	18.00
2	Marion	RF123456	12345678	Johnny Doe	10514.882	08/02/12	08/02/12	1.00	18.00	18.00
3	Marion	RF123456	12345678	Johnny Doe	10514.882	08/03/12	08/03/12	1.00	18.00	18.00
4	Marion	RF123456	12345678	Johnny Doe	10514.882	08/04/12	08/04/12	1.00	18.00	18.00
5	Marion	RF123456	12345678	Johnny Doe	10514.882	08/05/12	08/05/12	1.00	18.00	18.00
6	Marion	RF123456	12345678	Johnny Doe	10514.882	08/06/12	08/06/12	1.00	18.00	18.00
7	Marion	RF123456	12345678	Johnny Doe	10514.882	08/07/12	08/07/12	1.00	18.00	18.00
8	Marion	RF123456	12345678	Johnny Doe	10514.882	08/08/12	08/08/12	1.00	18.00	18.00
9	Marion	RF123456	12345678	Johnny Doe	10514.882	08/09/12	08/09/12	1.00	18.00	18.00
10	Marion	RF123456	12345678	Johnny Doe	10514.882	08/10/12	08/10/12	1.00	18.00	18.00
11	Marion	RF123456	12345678	Johnny Doe	10514.882	08/11/12	08/11/12	1.00	18.00	18.00
12	Marion	RF123456	12345678	Johnny Doe	10514.882	08/12/12	08/12/12	1.00	18.00	18.00
13	Marion	RF123456	12345678	Johnny Doe	10514.882	08/13/12	08/13/12	1.00	18.00	18.00
14	Marion	RF123456	12345678	Johnny Doe	10514.882	08/14/12	08/14/12	1.00	18.00	18.00
15										
16										
	Pursuant to the provisions and penalties of Indiana Code 5-11-10-1, I hereby certify that the foregoing invoice is just and correct, that the amount claimed is legally due, after allowing all just credits, and that no part of the same has been paid.								Page Total	252.00

I hereby swear and affirm under the penalties of perjury the attached bill contains the actual placement and/or service costs provided for the individual listed on such bill. The dates, days, hours and units of time and costs for placement or service are true and accurate. I understand that in submitting this that I am under oath stating and affirming that these services were provided and fully understand that these services may be independently audited and that any discrepancy may be referred to a local prosecutor for criminal prosecution.

22. Signature of vendor	23. Telephone number of vendor	24. E-mail address of vendor	25. Date (*month, day, year*)
Vendor Signature	(317) 555-1234	Vendor.Email@gmail.com	9/1/2012

INDIANA DEPARTMENT OF CHILD SERVICES

Invoice Completion & Submission

The following items are important to remember when completing & submitting an invoice:

- Per diem expenses should be submitted on a separate invoice from any other expense you're billing for, as per diem is paid on an expedited timeframe (7 to 14 business days) vs. other payments from DCS (35 to 45 days).
- ICPRs and service referrals have information necessary to invoice DCS. If you do not receive these documents, please contact the child's FCM.
- You can claim per diem for the first day of placement in your home, but not for the day a child leaves your home; e.g. if the child was placed with you July 20th and left your home July 31st, an invoice should be submitted for 11 days (July 20th thru July 30th). Only days that end with an overnight stay are billable.
- Per diem invoices cannot be submitted prior to the last day of placement claimed.
- Receipts are required when claiming reimbursement for purchases. Please attach receipt to an 8 ½" X 11" piece of paper and then attach to the claim.
- You must bill within 60 days from the last day of the month the service/placement occurred.
- An invoice must be received within 10 business days (including Saturday) from the Date of Invoice.

INDIANA DEPARTMENT OF CHILD SERVICES

Per Diem Invoice Submission Check-List

- ☐ Do I have an active ICPR for the dates I'm billing for?
- ☐ Will invoice submission timing be within the required guidelines (after the dates I'm billing for, and within 60 days after month's end)?
- ☐ Did I include my **Name** (box 1), **ST Number** (box 3) and **Address** (box 6)?
- ☐ Did I include an **Invoice Number** (box 4), and is it updated from previous invoices and also 8 characters or less (examples: "Sept12" or "Dec12")?
- ☐ Is the **Invoice Date** (box 5) current and also after the last day I'm billing for?
- ☐ Do the **PL Number** (box 13), **Case ID** (box 14), **Billing Code** (box 16) and **Rate** (box 20) all match my ICPR?
- ☐ Are the **Units** (box 19) reflective of the number of the days of placement for the month I'm billing for? (If placement ended, do **not** include last day)
- ☐ Does **Total Cost** (box 21) equal **Units** (box 19) times **Rate** (box 20)?
- ☐ Does the **Page Total** (bottom cell under box 21) equal the sum of the **Total Cost** of each placement listed?
- ☐ Does **Page Total** match the **Total of Claim** (box 11)?
- ☐ **Did I remember to sign my invoice (box 22)?**

INDIANA DEPARTMENT OF CHILD SERVICES

Invoice Submission Check-List (Other Expenses)

- ☐ Do I have a Referral for the expenses I'm billing for (a referral is **not** needed for birthday & holiday allowances)?
- ☐ Do I have a receipt for item(s) purchased? (please attach when submitting)
- ☐ Will invoice submission timing be within the required guidelines (not before the purchase is made, and within 60 days after)?
- ☐ Did I include my **Name** (box 1), **ST Number** (box 3) and **Address** (box 6)?
- ☐ Did I include an **Invoice Number** (box 4), and is it updated from previous invoices and also 8 characters or less (examples: "Sept12A" or "Dec12C")?
- ☐ Is the **Invoice Date** (box 5) current and also after the last day I'm billing for?
- ☐ Do the **RF Number** (box 13), **Case ID** (box 14) and **Billing Code** (box 16) all match my Referral?
- ☐ Does **Total Cost** (box 21) equal **Units** (box 19) times **Rate** (box 20)?
- ☐ Does the **Page Total** (bottom cell under box 21) equal the sum of the **Total Cost** of each placement listed?
- ☐ Does **Page Total** match the **Total of Claim** (box 11)?
- ☐ **Did I remember to sign my invoice (box 22)?**

INDIANA DEPARTMENT OF CHILD SERVICES

Invoice Submission

An original signature is required on an invoice; submission via fax or e-mail cannot be accepted.

Once your invoice is ready to submit, please MAIL to:

DCS KidTraks Invoicing
Room W364, Mail Stop 54
402 W. Washington Street
Indianapolis, IN 46204

Payment Timeline: Payment of a per diem invoice takes between 7 and 14 business days from the date your invoice is received. Payment of other types of expenses (e.g. mileage, personal allowance, special occasion allowance) take between 35 and 45 days. **Please submit per diem on a separate invoice.**

Vendor Information Form

Vendor Information Forms must be submitted for a vendor to initially receive payment from the state. These forms are also submitted to add e-mail addresses (for receiving EFT Notifications) or to initiate changes involving vendor address, banking information, etc. Vendor Information Forms should be submitted to:

DCS Resource Unit
Room W364, Mail Stop 54
402 W. Washington Street
Indianapolis, IN 46204

Vendor Information Forms can also be scanned and e-mailed to: DCSResourceUnit@dcs.in.gov or faxed to 317-234-5960.

INDIANA DEPARTMENT OF CHILD SERVICES

Vendor Information Form (cont'd)

Additional guidelines regarding the Vendor Information Form:

1. Please ensure you have a current version of the form, identified by "10-9" in the 2nd line of the form heading: State Form 53788 (R2 / 10-09) available at: http://www.in.gov/dcs/2328.htm
2. Please follow the instructions that accompany the form, although it is strongly recommended that you please disregard the instruction to submit to the Statehouse address. Submitting to DCS Resource Unit will allow us to ensure the form is filled-out correctly and completely, so that it gets processed timely.
3. When changing bank or bank account, submission of a Vendor Information form must include banking info. completed on the form by your financial institution or a copy of a voided check (starter checks are not acceptable).
4. Please write a note at the top of the form briefly summarizing the reason for submitting a Vendor Information form., e.g. address change, bank change, adding e-mail address, etc.
5. Please note that an individual cannot be entered as the legal name for an LLC or corporation. Legal name submitted should coincide with your contract legal name.
6. For any invoices submitted within 2 weeks after submitting a Vendor Information form, please attach a copy of the submitted Vendor Information form to the invoice, along with a note that the form has already been submitted to the DCS Resource Unit.

INDIANA DEPARTMENT OF CHILD SERVICES

Additional Information Available

(Updated 8/7/2012)

- **The DCS website** has a screen dedicated to providing foster care info: www.in.gov/dcs/2982.htm where you can also find the **Foster Parent Provider Manual**, which has additional information regarding invoicing, as well as other aspects of foster parenting.
- **Foster Care SharePoint Site**: https://myshare.in.gov/dcs/icwis/fostercare
- **Relative Resource Guide :** http://www.in.gov/dcs/files/RelativeResourceGuideDocument031212.pdf
- **Your Foster Care Specialist** is available to provide guidance and support for your foster parenting needs, including completion of an invoice.
- **The child's Family Case Manager** is available if you have questions about an ICPR or service referral.
- **The claim form (i.e. Standard Invoice) and Travel Invoice forms** are available at: www.in.gov/dcs/2328.htm
- **DCS Payment Research Unit** is available if you have questions about an invoice you've submitted. Primary contact is via e-mail at DCSPaymentResearchUnit@dcs.in.gov or at 877-340-0309.

KidTraks Vendor Portal

- Sign up for access to KidTraks Vendor Portal to view/print ICPRs and view status of invoice/payments.

- To sign up for Vendor Portal, complete, sign and date the KidTraks Computer Access Request Form, which can be found on the DCS website under Forms (click on finance) or at: http://www.in.gov/dcs/2328.htm#financeform.

- Mail the form to the following address:

DCS Payment Research Unit
402 W. Washington Street, MS 54
Indianapolis, IN 46204

We appreciate all that you do helping us in

Protecting our children, families, and future!