



Perry County Family and Children First Council

Gas Reimbursement Invoice

Child Name: _____

Provider Name: _____ Phone: _____

Date and Time Services were provided:

**please note, if mileage reimb is claimed for medical appts, include copy of documentation from doctors office*

Total Mileage Provided:

(.20 per mile, for trips allowable within meeting youth care plan goals.)

Total Miles: _____ x .20 per mile Reimbursement Amount: _____

By signing below, we verify that the above service was provided for:

Child Name

Parent/Guardian Signature

Date

Provider Signature

Date

Make Check Payable to:

(A W-9 is currently on file with the Council.)

Mailing Address:

Send Completed Invoice by mail, fax, or email to:

Ferry County Family and
5250 State Route 37 E

5250 State Route 37 E
New Lexington, Ohio 43764
PerryFiscal@jfs.ohio.gov
(740) 342-3551

Please keep track of this information with dates and copies of documents to help avoid problems with reimbursement. Please be advised that PCFCFC and its administrative agent, PCJFS, explicitly disclaim any liability for the conduct, qualifications, or professional experience of the service provider, as well as the legal history of the individual. PCFCFC and PCJFS are not responsible for any disqualifications of the respite provider, injuries, or damage to property that may occur during the provision of services. This notice is issued to inform you that neither PCFCFC nor PCJFS assumes responsibility for any associated legal or behavioral matters related to the service provided. Approved by Council 1/20/2026.

Summary of how the mileage claimed supported the goals/plan for the child:

Problems/concerns:

Please respond with Y (yes) or N (no) to the following questions:

Did the youth attend school during the time period claimed? _____

Did you transport the youth to any scheduled mental health appointments? _____

Behavioral issues: (Check all that apply)

<input type="checkbox"/> Biting	<input type="checkbox"/> Clingy	<input type="checkbox"/> Cruelty to Younger Children
<input type="checkbox"/> Destructive to property	<input type="checkbox"/> Thumb sucking	<input type="checkbox"/> Eating Problems
<input type="checkbox"/> Encopresis/Enuresis	<input type="checkbox"/> Excessive Crying	<input type="checkbox"/> Explosive Outbursts
<input type="checkbox"/> Fire Setting	<input type="checkbox"/> Hair pulling	<input type="checkbox"/> History of Violence
<input type="checkbox"/> Hurts animals	<input type="checkbox"/> Hyperactive	<input type="checkbox"/> Withdrawn/Fearful
<input type="checkbox"/> Jealous/selfish	<input type="checkbox"/> Lying	<input type="checkbox"/> Manipulative
<input type="checkbox"/> Truancy	<input type="checkbox"/> Physical Aggression	<input type="checkbox"/> Running Away
<input type="checkbox"/> Self-abusive	<input type="checkbox"/> Sexually acting out	<input type="checkbox"/> Short Attention Span
<input type="checkbox"/> Sleeping Problems	<input type="checkbox"/> Smoking/tobacco use	<input type="checkbox"/> Stealing
<input type="checkbox"/> Substance abuse	<input type="checkbox"/> Suicidal/Homicidal	<input type="checkbox"/> Swearing
<input type="checkbox"/> Talking back	<input type="checkbox"/> Temper tantrums	<input type="checkbox"/> Threatening
<input type="checkbox"/> Others :		