

SNAP DEPENDENT CARE MILEAGE EXPENSE

In addition to the cost of Dependent Care, the excess mileage required for the care is an allowable expense for SNAP (4.405.2.21).

STEP 1

DETERMINE IF THE CLIENT IS RESPONSIBLE FOR TRANSPORTATION TO AND/OR FROM THE DEPENDENT CARE PROVIDER

Transportation must be necessary to participate in the care arrangement, necessary for a household member to accept or continue employment, and must not already be paid by another source on behalf of the household.

Ask the client how frequently they are responsible for transportation (Monday through Friday, 10 days per month, etc.).



STEP 2

IDENTIFY THE PORTION OF TRANSPORTATION THAT IS ADDED TO THE CLIENT'S COMMUTE DUE TO THE NEED FOR DEPENDENT CARE

Example: Maria lives at 1 Main St. Monday through Friday, she drops her child off at Child Care and then goes to work at the Jolly Rancher Factory. In the evening, she goes from the Jolly Rancher Factory to Child Care to her home.



The technician will consider Maria's travel from her home at 1 Main St to Child Care in the morning and from the Jolly Rancher Factory to Child Care in the evening to calculate the excess transportation required for her dependent care.

STEP 3

DETERMINE THE DISTANCE TRAVELED IN STEP 2 USING INTERNET SEARCH (GOOGLE MAPS, ETC.)

Using Google Maps, search directions from 1 Main St to Child Care. Save this Google Maps search and note the distance between the two points. Repeat for the Jolly Rancher Factory to Child Care.

Maria travels 2 miles from 1 Main St to Child Care. Maria travels 3 miles from Jolly Rancher Factory to Child Care.



STEP 4

MUTLIPLY DISTANCE X IRS MILEAGE RATE X FREQUENCY OF TRAVEL

Multiply 2 x .655 (IRS 2023 mileage rate) x 5 days/week= \$6.55/week for the morning commute

Multiply 3 x .655 (IRS 2023 mileage rate) x 5 days/week= \$9.83/week for the evening commute

$\$6.55 + \$9.83 = \$16.38$ per week in mileage expenses



STEP 5

ENTER A SEPARATE DEPENDENT CARE EXPENSE TITLED "MILEAGE."

As the expense was calculated by the agency, the expense is verified.

Complete the billing related list.

Maria 27

Expense Summary Child Spousal Expense **Dependent Care Expense** Medical Expense Medicare Expense Other Expense Tax Deduction

Dependent Name	Provider Name	Effective Begin Date	Effective End Date	
M Minnie 1	Child Care	02/27/2023		👁️ ✖️ ✎️
M Minnie 1	Mileage	02/27/2023		👁️ ✖️ ✎️

Detail

*Effective Begin Date: 02/27/2023

Effective End Date: [Empty]

*Dependent Name: M Minnie 1

Provider Name: Mileage

*Care Type: Dependent Care

*Work/School Hours: 40

*Frequency: Weekly

*Verification: Received

*Source: Collateral Contact

*Date Reported: 02/27/2023

Date Verified: 02/27/2023

STEP 6

DOCUMENT STEPS 1-4 IN DETAILED CASE COMMENTS

In case comments, document that the client is responsible for the transportation to and/or from Dependent Care, how frequently they are responsible for the transportation, what the starting and ending addresses are, what the distance traveled is per Google Maps (or other internet search), and the calculation used to determine mileage.



Upload Google Maps search to case management system (HSConnects, etc.).