

DEPARTMENT OF SOCIAL SERVICES

DIVISION OF FAMILY SERVICES

P.O. BOX 88

JEFFERSON CITY, MISSOURI

July 1, 2004

MEMORANDUM

TO: ALL CHILDREN'S DIVISION STAFF

FROM: FREDERIC SIMMENS, DIRECTOR
CHILDREN'S DIVISION

RE: PURCHASING TICKETS FOR TRANSPORTING CHILDREN
IN ALTERNATIVE CARE.

Child Welfare Manual Section 4, Chapter 11, Attachment C

Effective immediately, all requests for tickets to transport a child in alternative care via airplane, train or bus, must go through the Payment Processing & Planning Unit in State Office. The contact person for this is Brenda LaBella and she can be reached at (573) 526-5357. Staff must complete the attached ticket request form and fax it to Brenda at 573-522-5065. Once the request is received, Brenda will make the call to the appropriate airline or bus line to purchase the ticket and arrange to have it waiting for the child upon arrival. She will then fax back a confirmation to the worker making the request with all the necessary information. All requests must be made at least 48 hours in advance of the date of travel, however it is preferable that more advanced notice be provided if the travel plans are definite. The cost of the ticket will be direct billed to State Office, thus local staff should not have to take any steps to make payment.

Staff should not contact or make any arrangement directly for airplane, bus or train tickets. Any accounts that a county office may currently have set up with local bus or train companies need to be closed ASAP. We will be charged a yearly fee if these accounts are not closed. By going through State Office to make these arrangements, we will be able to avoid any additional fees.

NECESSARY ACTION:

1. Review this memorandum with all Children's Service staff.
2. All comments and questions regarding this memorandum should be cleared through normal supervisory channels.

3. Revisions have been made to Section 4, Chapter 11, Attachment C in the Child Welfare Manual.

FS/LDL
Attachments

AIRLINE OR BUS TICKET REQUEST

DATE REQUEST RECEIVED: _____ TIME: _____

WORKER NAME: _____

WORKER PHONE: _____ FAX: _____

SUPERVISOR NAME: _____

SUPERVISOR PHONE: _____ FAX: _____

COUNTY: _____

PERSON OR CHILD/CHILDREN'S NAME AND D.C.N. NUMBER TRAVELING:

NAME: _____ D.C.N. _____ AGE: _____

NAME: _____ D.C.N. _____ AGE: _____

NAME: _____ D.C.N. _____ AGE: _____

NAME: _____ D.C.N. _____ AGE: _____

NAME: _____ D.C.N. _____ AGE: _____

DESTINATION FROM: _____ TO: _____

DATE OF DEPARTURE: _____ TIME: _____

DATE OF RETURN: _____ TIME: _____

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State Office Use Only
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PRICE OF TICKET: _____ DATE ORDERED: _____

AIRLINE SELECTED: _____

FLIGHT TIMES: _____

ADDITIONAL INFORMATION: _____

METHOD OF PAYMENT: _____

LINE OF CODING: _____