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| **Mileage Record** for: | |  | **Month:** |  | **Year:** | |  |
|  | | *(person receiving services)* |  | | | | |
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| ***PROOF OF CURRENT MOTOR VEHICLE INSURANCE MUST BE ATTACHED OR ON FILE IN THE HMCDDO OFFICE.* Direct Service funding does not include payment for service-related transportation. The Harvey-Marion County CDDO Local Finance Plan provides a subsidy to offset the cost of transportation provided during delivery of funded service, related to PCSP service delivery. Payment is made quarterly in July, October, January, and April, for the quarter just ended. Please use this form to record miles the person was transported during paid service delivery, within the hours of paid service delivery. Payment is not a per-mile reimbursement, but a per-person reimbursement.** This subsidy is not intended to fund transportation that others are responsible for providing, such as to/from public school, or to/from medical appointments for persons who have Medicaid and can access Non-Emergency Medical Transportation. The subsidy is not allowed for staff personal errands. If the person lives with spouse, guardian, or someone meeting the definition of family who provides natural supports for the rest of household, the transportation subsidy is not intended to benefit the rest of the household or cover household expenses. The subsidy is only for the person’s service-related transportation. | | | | | | | |
| ***\*\*\*\* Please return form to the HMCDDO Funding Coordinator by the 10th of the following month. \*\*\*\**** | | | | | | | |
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| Date | Description | | | | | # of miles for Trip | |
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| |  |  | | --- | --- | | TOTAL MILES: |  |   ***By signing below, I declare that the above recorded mileage is true, accurate and in compliance with the above guidelines, and that I have provided proof of current motor vehicle insurance.***   |  |  | | --- | --- | | *Employee Name:* | Date: | | *Employer Name:* | Date: | | | | | | | | |