



## Participant-directed Community Supports/ Participant-directed Worker (PDW) Mileage

For the week of service, mileage sheets are due the following Monday by Midnight if faxed or dropped off, and postmarked by Monday if mailed. Due to the timing of the payroll cycle, late mileage forms will result in late pay. Mileage forms must be signed AFTER all work is completed. Advance mileage forms will not be accepted. You are required to submit this timesheet to Consumer Direct DC no later than 180 days from the date of service.

Sunday that started your work week

Want to avoid the hassle of paper timesheets & mileage forms? Enter time the quick, easy and secure way! Ask your local office about the Consumer Direct Care Network Portal today!

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
MM		DD		YY

<b>PDW Name (Please Print)</b> <input type="text"/>	<b>Employee ID</b> <input type="text"/>	<b>For best results:</b> * Use BLACK ink * Print clearly inside the boxes * Fill out the Mileage Reimbursement completely and accurately <b>Service Code: T 2001 X1</b>
<b>Participant Name (Please Print)</b> <input type="text"/>	<b>Participant ID</b> <input type="text"/>	

Service Date (MM) (DD)	Mileage (Rounded to nearest mile)	From (Start Location Address)	To (Stop Location Address)
1 <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2 <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3 <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4 <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5 <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6 <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7 <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8 <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9 <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10 <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11 <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I, the PDW certify that I have provided the services indicated above and that the Participant was not in a hospital, nursing home, or institution. False information or misrepresentation constitutes Medicaid Fraud.

PDW Signature: \_\_\_\_\_

Date:  /  /

I, the Participant or Representative, certify that the above PDW provided the services listed for this Participant, the services were provided in accordance with the PDW Agreement, and the Participant was NOT in a hospital, nursing home, or institution. Falsification or misrepresentation is considered Medicaid Fraud and may result in dismissal from the program and/or criminal prosecution.

Participant/  
Representative Signature: \_\_\_\_\_

Date:  /  /



