



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

PDW Name (Please Print) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Employee ID <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"><div style="width: 20%;"></div><div style="width: 20%;"></div><div style="width: 20%;"></div><div style="width: 20%;"></div><div style="width: 20%;"></div></div>	For best results: * Use BLACK ink * Print clearly inside the boxes * Fill out the Mileage Reimbursement completely and accurately
Participant Name (Please Print) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Participant ID <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"><div style="width: 20%;"></div><div style="width: 20%;"></div><div style="width: 20%;"></div><div style="width: 20%;"></div><div style="width: 20%;"></div></div>	

Service Date (MM/DD)	Mileage - Rounded to nearest mile	Service Code
1 <div style="border: 1px solid black; width: 20px; height: 20px;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px;"></div> / <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; justify-content: space-between;"><div style="width: 20%;"></div><div style="width: 20%;"></div></div>	<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; justify-content: space-between;"><div style="width: 20%;"></div><div style="width: 20%;"></div></div>	T 2001 X1
2 <div style="border: 1px solid black; width: 20px; height: 20px;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px;"></div> / <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; justify-content: space-between;"><div style="width: 20%;"></div><div style="width: 20%;"></div></div>	<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; justify-content: space-between;"><div style="width: 20%;"></div><div style="width: 20%;"></div></div>	T 2001 X1
3 <div style="border: 1px solid black; width: 20px; height: 20px;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px;"></div> / <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; justify-content: space-between;"><div style="width: 20%;"></div><div style="width: 20%;"></div></div>	<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; justify-content: space-between;"><div style="width: 20%;"></div><div style="width: 20%;"></div></div>	T 2001 X1
4 <div style="border: 1px solid black; width: 20px; height: 20px;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px;"></div> / <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; justify-content: space-between;"><div style="width: 20%;"></div><div style="width: 20%;"></div></div>	<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; justify-content: space-between;"><div style="width: 20%;"></div><div style="width: 20%;"></div></div>	T 2001 X1
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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:

MM

 /

DD

 /

YY

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:

MM

 /

DD

 /

YY



Mileage Reimbursement Instructions

Want to avoid the hassle of paper timesheets and mileage forms? Enter your time and mileage the fast, easy, and secure way at the Consumer Direct Care Network Portal! Ask your local office how to sign up.

These items must be completed for your mileage form to be processed:

- **PDW Name**
- **Employee ID**
- **Participant Name**
- **Member/Employer ID**
- **PDW Signature & Date**
 - Must be dated on or after the last day worked.
- **Participant/Rep Signature & Date**
 - Must be dated on or after the last day worked.

Each line of time must include:

- Service Date (MM/DD/YYYY format)
- Mileage rounded to nearest mile

Make sure your mileage form is filled out completely and correctly, with all entries made neatly inside the boxes. Payment may be delayed if letters or numbers are not printed neatly inside the boxes WITHOUT touching any lines, or are not readable.

Please continue on a second mileage form if you run out of room on the first. Bold items on the list to the left must also be filled in on the second form.

For best results use BLACK ink

Back page is for information only. Please do not submit it with your mileage form.

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