

**NYS OPWDD Self-Direction, Individual Directed Goods and Services (IDGS/ OTPS)
SD Mileage Reimbursement Form**

This form may be used to reimburse mileage expenses for **service-related activities when transportation is provided in a vehicle owned by:**

- (1) a participant who uses his/her own vehicle;
- (2) a staff person who uses his/her own vehicle to take a participant for service-related transportation; or
- (3) any other person who uses his/her own vehicle to take a participant for service-related transportation.

A separate SD Mileage Reimbursement Form is required for each vehicle owner.

Participant Name: _____ For Month and Year _____

Name of Vehicle Owner: _____

Vehicle owner is (check one): Participant Staff Other

Service-Related Mileage (Transportation must coincide with an approved Plan activity)

Date (mo/day/yr)	Starting Location	Destination	Purpose of Travel	Miles Traveled	Name of Driver

Total service-related miles traveled for the month: _____

Total Miles	X	allowed mileage rate of	\$ 0.560	=	
_____			(staff allowed FI mileage rate)		Total Requested Reimbursement
			(all others allowed Federal mileage rate)		_____

The vehicle owner name and signature are only necessary if the vehicle owner will be reimbursed for the mileage. The Self-Direction participant or his/her designee must sign in all cases. That signature will verify that mileage information is accurate.

Signing and submitting false information may lead to a charge of Medicaid fraud.

Self-Direction Participant:

I certify that the travel shown above was necessary in order for me to receive the identified services and/or supports from my Self-Direction Plan.

Signature of Participant/Designee (required) _____ Date (mo/day/yr) (required) _____

Vehicle Owner:

I certify that I provided this transportation using my own vehicle.

Signature of vehicle owner seeking mileage reimbursement _____ Date (mo/day/yr) (required) _____

Participant: Original to FI