

## INSTRUCTIONS FOR MILEAGE REIMBURSEMENT Self Direction Program

Please make sure that the Mileage Reimbursement Form is filled out completely and correctly. Everything that is written on the form must be written on the lines or in the boxes. If the letters or numbers cannot be read, Consumer Direct cannot process the Mileage Reimbursement Form. The Mileage Reimbursement Form will be returned to the Participant to correct when:

- ▶ There is an error on the form.
- ▶ When any information is missing (when some information but not all needed information is filled out on one line).
- ▶ The Mileage Reimbursement Form cannot be read (the writing is too messy)

This means the Mileage Reimbursement Form could miss the deadline for payment. If the Mileage Reimbursement Form misses the deadline, then the reimbursement form will be paid the next 2 week period (the following 2 week period).

To complete the mileage reimbursement form:

1. Write the employee's name (first name, last name)
2. Write the Employee Identification number (Consumer Direct assigned this number when the employee enrolled)
3. Write the Participant's (Employer's) name (first name, last name)
4. Write the Participant's (Employer's) Identification number (Consumer Direct assigned this number when the Participant enrolled)
5. The Employee signs and dates the blanks in the box to state that the services were delivered on the dates listed on the Mileage Reimbursement Form. **The date the employee signs must be on or after the last day mileage reimbursement is claimed.** If the Mileage Reimbursement Form "date signed" is too early (before the last day mileage is claimed) the reimbursement form will be returned to the Participant for correction. The employee also agrees that the services were included in the Participant's Support and Spending Plan. The Participant signs and dates the blanks in the box to state that the services were delivered on the dates listed on the Mileage Reimbursement Form. He/she also agrees that the services were included in his/her Support and Spending Plan.
6. Service Date: Write the date (the month, day and year) the employee provided transportation.
7. Mileage (round to the nearest mile): Write the number of miles driven.
8. Service: Under "Service" write the service code TSM – Transportation Miles
9. The Mileage Reimbursement Form should be mailed or faxed to Consumer Direct at:

Consumer Direct  
40 West Franklin Road, Ste. C  
Meridian, Idaho 83642-2992

Toll Free Fax: 1-877-898-0417  
Fax: (208) 898-0417

**Remember to keep a copy of the Mileage Reimbursement Form when you send or fax the original to Consumer Direct.**