

Waiver Transportation Record

MONTH/YEAR

INSTRUCTIONS: Document all miles traveled and their purpose when transporting a client as authorized in the Individual Support Plan. Example: 10 miles – to work. Submit the original to the client’s Case Resource Manager (as requested) and maintain a copy for your records for six (6) years.

CASE RESOURCE MANAGER'S NAME	CLIENT'S NAME	SERVICE PROVIDER'S NAME
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Program Type: Basic Plus Waiver Core Waiver Children Intensive In-Home Behavioral Supports Waiver

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

TOTAL MONTHLY MILES

CLIENT / PARENT / GUARDIAN SIGNATURE	DATE
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