|  |  |  |
| --- | --- | --- |
|  | DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)**Waiver Transportation Record** | MONTH/YEAR |
| **INSTRUCTIONS:** Document all miles traveled and their purpose when transporting a client as authorized in the Person Centered Service Plan. Example: 10 miles – Essential Shopping. 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 |
| Program Type: **[ ]**  Basic Plus Waiver **[ ]**  Core Waiver **[ ]**  Children Intensive In-Home Behavioral Supports Waiver **[ ]**  Individual and Family Services Waiver |
|  |
| SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | **TOTAL MONTHLY MILES** |
| CLIENT / PARENT / GUARDIAN SIGNATURE | DATE |