|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | 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 |