

**NJ DDD SELF-DIRECTED OPTION – SELF-DIRECTED EMPLOYEE (SDE) TRANSPORTATION: MILEAGE LOG**

|                         |  |                           |                        |
|-------------------------|--|---------------------------|------------------------|
| <b>Individual Name:</b> |  | <b>Individual DDD ID:</b> |                        |
| <b>Employee Name:</b>   |  | <b>Employee PPL ID:</b>   | <b>P O N J D _____</b> |

Instructions

- Public Partnerships will only pay for transportation services authorized in the Individual's service plan.
- Enter the Service Date, Plan ID, Outcome Number, and Service Number.
- Enter the Procedure/Waiver Code that corresponds to the transportation service found on the Individual's service plan.
- Enter the Pick-up and Drop-off locations, e.g., Home, Walmart, etc.
- Enter the total miles for the trip, e.g., 5 miles
- Enter the Rate per Mile, e.g., \$0.31. This should be the rate in the service plan.
- The Employer/Auth. Rep. and Employee must sign and date this form.
- Please e-mail (njddd@pcgus.com) or fax (844-561-5978) to Public Partnerships.

| Service Date (mm/dd/yy) | Plan ID | Outcome Number | Service Number | Procedure/Waiver Code | Pick-up Location | Drop-off Location | Total Miles | Rate per Mile |
|-------------------------|---------|----------------|----------------|-----------------------|------------------|-------------------|-------------|---------------|
| ___/___/___             |         |                |                |                       |                  |                   |             |               |
| ___/___/___             |         |                |                |                       |                  |                   |             |               |
| ___/___/___             |         |                |                |                       |                  |                   |             |               |
| ___/___/___             |         |                |                |                       |                  |                   |             |               |
| ___/___/___             |         |                |                |                       |                  |                   |             |               |
| ___/___/___             |         |                |                |                       |                  |                   |             |               |
| ___/___/___             |         |                |                |                       |                  |                   |             |               |

The Employer and Employee certify that the representations made in this Mileage Log are true, accurate, and correct and that if any statements are willfully false, the Employer and Employee may be subject to punishment, including suspension, debarment, or disqualification from participating in State or Federal programs, as well as criminal sanctions, as may be applicable. The Employer and Employee understand that payment of this claim will be from Federal and/or State funds, and that any falsification or concealment of a material fact may be prosecuted under Federal and State laws.

Employer/Auth. Rep. Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Employer/Auth. Rep. Signature: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date (mm/dd/yyyy): \_\_\_/\_\_\_/\_\_\_\_\_

Date (mm/dd/yyyy): \_\_\_/\_\_\_/\_\_\_\_\_