



PARK COUNTY SENIOR COALITION

P.O. Box 309
FAIRPLAY, CO 80440-0309

PHONE: (719) 836-4295
e-mail: scofpc@parkco.us

CONSUMER-DIRECTED MILEAGE REIMBURSEMENT VOUCHER

Trip Recipient Name: not med-not med	Authorization#:
Assessment:	Date: 4-20-2020

Park County Senior Coalition (PCSC) will approve all services and costs PRIOR to services being performed or offered. An authorization number MUST be obtained prior to any services being rendered and before payment can be released. **Ensure that the services occur after Authorization number has been obtained.**

Date services are to be provided: **4/1/2020-6/20/2020** **Prioritized Reimbursements:** Mileage Reimbursement for this voucher **will not exceed .53/ Mile or \$75/day.** Maximum trips reimbursed/mo: **2 per individual/ 3 per household** in initial reimbursements..... **AFTER those with the greatest need have been served, additional miles and trips may receive reimbursement.**

Please note that reimbursements may be denied for requests that are incomplete, submitted late, or occur outside of the voucher period.

Some examples of ineligible trips include:
trips covered by other organizations, trips receiving other reimbursements, and Medicaid transportation. If you are unsure, please ask.

Initial acknowledgements below:

____ I acknowledge that I am receiving funds in the form of a reimbursement for services from providers or services that I have selected, and that reimbursement will be made to the consumer. I acknowledge that this reimbursement is subject to approval from PCSC and may be declined or revoked.

____ I understand that PCSC is **not** the employer of record for these providers and services, and will not be responsible for conducting a criminal background check on the service provider.

____ I understand that I am the employer of record for these providers and services.

____ I understand that PCSC is not responsible for these providers or services. I do hereby agree to indemnify, hold harmless the Park County Senior Coalition, Region IV Area Agency on Aging and each of their officers, officials, employees, agents and volunteers from any and all loss, liability, fines, penalties, forfeitures, costs and damages that may occur. I also acknowledge I have the right to conduct background checks, or due diligence on any of my selected providers at my expense if I choose to do so. If I choose not to, I fully understand I may be at risk.

____ I understand that this voucher has no monetary value and is not redeemable for cash.

Only vouchers received by PCSC within a week from when service occurred are eligible for prioritized reimbursement.

Consumer Signature: _____

Mileage Reimbursement Requested

*Drivers: *Signing below confirms the mileage information is accurate and verifies your eligibility for this program. Your signature authorizes PCSC to verify your eligibility.*

Mileage reimbursement is restricted to transportation provided by drivers who have not been convicted of:

- Any crime of violence, as defined in section 18-1.3-406, C.R.S.;
- Any felony offense involving unlawful sexual behavior, as defined in section 16-22-102 (9), C.R.S.;
- Any felony which includes an act of domestic violence, as defined in section 18-6-800.3, C.R.S.;
- Any felony offense of child abuse, as defined in section 18-6-401, C.R.S.; or
- Any felony offense in any other state, the elements of which are substantially similar to the elements of any of the offenses described previously.

Mileage reimbursement is restricted to vehicles which display a current license plate tag as required by State law, are equipped with safety belts and passenger safety devices as required by State and Federal laws, are insured at or above the State minimum automobile insurance requirements; and are operated by a driver with a valid Driver's License.

Phone _____

Origination: _____

TRIP Date Client Start/ Finish Time	Destination (documentation attached)	Driver Print Name & Physical Address	Driver Contact phone/e-mail	Driver Signature*	Consumer Miles Driven	Rate	Amount
						\$.53/mile	
						\$.53/mile	
						\$.53/mile	
						\$.53/mile	

Consumers Initial Below:

_____ To the best of my knowledge, the drivers listed above possess a valid Colorado driver's license, have not had any alcohol or substance-related offenses in the past three years, and have had fewer than two convictions or chargeable accidents in the past two years.

_____ To the best of my knowledge, the request submitted is complete and accurate. I am aware that intentional submission of false claims for this program will make me ineligible for PCSC programs.

_____ I am aware that knowingly submitting false claims for payment; or making or using a false record or statement with the submission of this request for reimbursement; or causing another person to submit a false claim is subject to repayment to Park County Senior Coalition at three times the amount, in addition to being reported to the government authority.

Consumer Signature: _____ Date: _____