**** (719) 836 – 4295

**FOR PCSC USE:**

Date Received:

Units:

Amount:

[scofpc@parkco.us](mailto:scofpc@parkco.us)

P.O. Box 309

825 Clark St. Suite C

Fairplay, CO 80440

www.parkcoseniors.org

CONSUMER-DIRECTED MILEAGE REIMBURSEMENT VOUCHER

**Trip Recipient Name:**  **AT / T**

Park County Senior Coalition (PCSC) will approve all services and costs PRIOR to services being performed or offered. Medical appointments and/or grocery trips are allowed.

Date services are to be provided throughout our grant funding period.  **Prioritized Reimbursements:** Mileage Reimbursement for this voucher **will not exceed $.56/ Mile.** Maximum trips reimbursed/mo.: **2 per individual/ 4 per household** in initial reimbursements. **Max $100.00 per person and $200.00 per couple.**

**Some examples of ineligible trips include:**

trips covered by other organizations, trips receiving other reimbursements, and Medicaid transportation. If you are unsure, please ask.

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

***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, \_\_\_\_\_I understand that I am the employer of record for these

and will not be responsible for conducting a criminal background check on the service provider. 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.

**\*\*\*VOUCHERS SLIPS MUST BE SUBMITTED TO PCSC IN THE SAME MONTH THE TRIP WAS TAKEN.\*\*\***

**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. A voluntary donation of $10.00 per trip is suggested.

**Client Phone:** **Client Starting Address:**  **Client Mailing:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **TRIP**  **DATE** | Destination  (receipts attached) | Driver Print Name  & Physical Address | Driver Phone or email | Driver Signature\* | Consumer Miles  Driven | Rate | Amount |
|  |  |  |  |  |  | $.56/mile |  |
|  |  |  |  |  |  | $.56/mile |  |
|  |  |  |  |  |  | $.56/mile |  |
|  |  |  |  |  |  | $.56/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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_