

CalWORKs DAILY TRANSPORTATION LOG

Participant: \_\_\_\_\_ CWIN: \_\_\_\_\_ Claim Month/Year: \_\_\_\_\_

Program:  WTW  CalLearn  Other: \_\_\_\_\_ Case Number: \_\_\_\_\_

Home Address (H): \_\_\_\_\_ Case Name: \_\_\_\_\_

School Address (S): \_\_\_\_\_ Participant Tel. #: \_\_\_\_\_

Day Care Address (DC): \_\_\_\_\_ ES Worker Name: \_\_\_\_\_

Work/Activity Address (W): \_\_\_\_\_ ES Worker Tel. #: \_\_\_\_\_

Check if additional addresses listed on back

Line #	Day, Date	Use Codes to List Addresses of Travel. Codes: (H)= Home (DC)= Day Care (S)= School (W)= Work/Activity	Daily Miles Traveled
<i>Fiscal use only</i>	<i>Example: Monday, May 1, 2008</i>	<i>Example: Show travel between home, day care, school, work, day care, and back home: H - DC - S - W - DC - H</i>	<i>Example: 25</i>
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Participant: I, the undersigned, under penalty of perjury, state: That the above claim and the items listed are true and correct; that none of the items listed has been paid before this claim; and that the amount determined is justly due. Also, I understand that instructions to properly complete and submit this form are on the back of this document, and the items claimed above are subject to verification and review by HSA and may be revised based on this review.

TOTAL MILES TRAVELED: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Additional School Address (S2): \_\_\_\_\_  
 Additional Day Care Address (DC2): \_\_\_\_\_  
 Additional Work/Activity Address (W2): \_\_\_\_\_  
 Additional Work/Activity Address (W3): \_\_\_\_\_  
 Additional Work/Activity Address (W4): \_\_\_\_\_

**CalWORKs Daily Transportation Log – Mileage Reimbursement Claim Instructions & Checklist for Participant**

These instructions are to help you, the WTW participant, in completing the front side of this form for mileage reimbursement. To ensure you get your money back timely, you must return this claim to the County Human Services Agency (HSA) no later than the last day of the month following the claim month (example – Claim for March due by April 30<sup>th</sup>). **Claims turned in after this deadline may be delayed.** You are required to ensure the data elements below are provided on the log, or to the assigned Employment Specialist (ES), prior to submitting this claim for mileage reimbursement. If your employer pays you for the miles you drive for work, you cannot report or claim those miles on this form. Also if you received a gas advance from HSA for this claim month, that amount will be deducted from this claim.

Participant Checklist - **Did you enter all the information accurately on the front side of this log using blue or black ink?**

- Your Name
- Date - The month and year of the miles you are claiming (one month per claim only)
- The Program you are in (WTW, Cal-Learn or specify Other)
- Your Case Number & Telephone Number where you can be reached
- List of addresses (street number, street name, unit number, city, state, zip) you drive to and from:
  - Home
  - Child(ren)'s school(s)
  - Child Care
  - Activity(ies) – work, school, job search, etc.
    - *Additional space provided above if needed.*
- Dates of miles reported – include each day of the week, month, day & year (in best chronological order)
- Accurate reporting and calculation of trip mileage. (Your ES will review address codes and miles reported using MapQuest to determine reasonableness of miles claimed.)
- Proof of a valid Driver’s License (with initial claim).
- Correct total of miles driven calculated in “Total Miles Traveled” (your ES will review this)
- Your signature and the date (month, day, year) - \*Date should be on or after the date of the last trip reported.
- Documents needed to submit with this Transportation Log to verify miles reported for the month. These are documents that show you attended and participated in an assigned activity to which you drove, and are claiming mileage reimbursement. *Examples - Activity Attendance forms, pay stubs, school records, etc.* \*\*Some forms may be provided to you by your ES.

Your ES will thoroughly review this log and will calculate the amount of reimbursement you will receive. Your ES may also contact you for clarification of issues or items you submitted. Your immediate response is appreciated, and will help you in getting your money faster. Failure to contact or respond to your ES in a timely manner may be considered as, and result in your forfeiture of this claim.

Contact your ES if you need assistance in providing any of this information, or if you have any questions or concerns.

<b>FOR HSA USE ONLY</b>	<b>Total approved miles traveled by participant =</b>	
	<b>Reimbursement rate per mile @ 31¢ x total miles = \$</b>	
	<b>Less advance amount (Check #) - \$</b>	
	<b>TOTAL AMOUNT OF REIMBURSEMENT DUE TO PARTICIPANT = \$</b>	
<input type="checkbox"/> CalWIN Entries complete	<b>Employment Specialist Signature:</b>	<b>Date:</b>
	<b>ES Supervisor Signature:</b>	<b>Date:</b>