MILEAGE MEMO

Welcome to the Lori Knapp Choice™ Fiscal Agent Program. Lori Knapp Choice™ has a referral that you will be providing transportation services to a Participant. Lori Knapp Choice™ will need the following information to confirm a valid Driver's License and proof of insurance at the time of the referral for the mileage reimbursement to you.

Participant Name: _____

Direct Care Worker Name: _____

Mailing Address on File: _____ _____ _____ _____
Address City State Zip

Date of Birth: _____ Social Security #: _____ Driver's License #: _____

Vehicle Insurance Carrier: _____

Vehicle Insurance Policy #: _____ Vehicle Insurance Date of Expiration: _____

Direct Care Workers (Employees/Drivers) are required to have a current Driver's License always issued by the Department of Transportation and current insurance. Vehicles used to provide transportation must be insured and in good repair, with all operating and safety systems functioning.

By signing this form, I agree that I am meeting all of these requirements. If there is a change in any of the information provided, I will update this agency.

My signature below verifies that my information above is accurate, and I am the owner of the vehicle.

Signature: _____ Date: _____