



INDIVIDUAL PROVIDER (IP) TRAVEL TIME REQUEST

1. INDIVIDUAL PROVIDER'S (IP) NAME:	PROVIDER NUMBER:	START DATE:
-------------------------------------	------------------	-------------

On-going Travel Request Estimation

Gray sections to be completed by the Program Manager. 0 – 7 rounds to 0. 8 – 22 rounds to 15.

CLIENT NAME / WORK SITE ADDRESS <small>(e.g. Maria Garcia, 1234 Anystreet, Apt 304, Anytown, WA 99999)</small>	CLIENT NAME / WORK SITE ADDRESS <small>(e.g. Maria Garcia, 1234 Anystreet, Apt 304, Anytown, WA 99999)</small>	CLIENT NAME / WORK SITE ADDRESS <small>(e.g. Maria Garcia, 1234 Anystreet, Apt 304, Anytown, WA 99999)</small>	TOTAL DIRECT TRAVEL TIME IN MINUTES PER DAY	ROUNDED TO NEAREST ¼ HOUR	NUMBER OF TRAVEL DAYS PER MONTH	ADJUSTED TOTAL MINUTES PER MONTH
2.						
3.						
4.						
Grand Total:						
Total Authorized Monthly ¼ Units:						

One-Time Travel Request Estimation

DATE(S) OF TRAVEL	CLIENT NAME / TRAINING / WORK SITE ADDRESS	CLIENT NAME / TRAINING / WORK SITE ADDRESS	TOTAL DIRECT TRAVEL TIME IN MINUTES PER DAY	ROUNDED TO NEAREST ¼ HOUR	NUMBER OF TRAVEL DAYS PER MONTH	ADJUSTED TOTAL MINUTES PER MONTH
5.						
Grand Total:						
Total Authorized Monthly ¼ Units:						

Requested travel time was estimated using this on-line tool:	(i.e., Google Maps or MapQuest)
Mode of travel (check): <input type="checkbox"/> CAR <input type="checkbox"/> BUS <input type="checkbox"/> BIKE <input type="checkbox"/> WALK	
If there are specific circumstances that will cause your travel time to exceed the time shown using an on-line mapping tool, please explain here:	
By signing this form, I certify that this estimation is accurate to the best of my knowledge and that I will contact CDWA if this planned travel changes. I understand that this information is an estimate used to create the initial authorization. I will only claim for actual, qualified time traveled based on policy from page 2 of this form.	
INDIVIDUAL PROVIDER'S SIGNATURE:	DATE:

To be Completed by CDWA

APPROVER'S NAME:	APPROVER'S SIGNATURE:	DATE:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied – if denied, reason:	Authorized Units:	Start Date: End Date: <input type="checkbox"/> U2 entry

Individual Provider (IP) Travel Time Request Instructions

Definition of Travel Time

Travel time is time spent by an IP traveling directly between qualified worksites in the same workday using a reasonable method of travel. Travel time is considered work time and will be paid.

This means:

- IPs who travel between worksites during the same workday will be paid for the time it takes to travel directly between each worksite.
- IPs who travel directly between a worksite and a training site during the same workday will be paid for that travel time.

Line 1: Enter your name, Provider Number, and the date when you expect travel to start. For qualified travel that happens on a regular basis, use Lines 2-5.

Line 2:

- Write / type in the name of the client and the address of the first worksite.
- Write / type in the name of the client and address of the second worksite.
- If you work at a third worksite on the same day, write in the name of the client and address of the third worksite
- In the next box write in the actual amount of time it takes you to travel directly between worksites in a single day. (You can enter two or more addresses into an online map tool to get an estimate of the time it takes.)

Example: If you start work at Kim's house and then go over to Craig's house to work, and then go back to work at Kim's house again all in the same day you would total the direct travel it will take between Kim's and Craig's homes.

Line 3-4: Repeat the steps from **Line 2** if you have other qualified travel plans.

Example: If some days you start working at Kim's house and then go to Nadia's house instead of Craig's house.

Line 5: (One-time Travel Section - For qualified travel that will only happen once, a few times or that was unexpected)

- Write / type the date(s) or date range for the travel time. Use a separate sheet for different months.
- Write / type in the name of the Client/training and the address of the first worksite.
- Write / type in the name of the Client/training and address of the second worksite.
- In the next box write in the actual amount of time it takes you to travel between training/worksites. This should be the amount of time it takes if you go from point A to point B directly. You can enter two addresses into an online map to get an estimate of the time it takes.

Attach an extra page if you need additional lines to describe your ongoing travel or an additional form if you need more linedescribe one-time travel.

What is a worksite?

A worksite is a place an IP provides authorized care to a CDWA Client or a place where an IP attends required training. If you live with your Client you cannot claim the travel time between the place you live and another worksite. For example, you live with Bob and provide care for him and you also provide care for Mary who lives across town. Since you live with Bob, you cannot claim the time it takes to get to Mary's house as travel time.

Important Note

This form is for you to estimate your travel time so that CDWA can create an initial authorization for you to claim. You must accurately claim for time actually spent traveling directly between worksites, and claim it based on the day you actually traveled. If, because of changes in circumstances it takes you less time to get between worksites, or because of your Clients' needs, you do not make trips that you included in this estimate--you cannot claim all of the travel time you estimated. On the other hand, if it takes you longer than you estimated, or you have to make additional trips that you did not include on this estimate, it is important that you contact CDWA immediately to discuss changing the authorization.