



Commonwealth of Kentucky
 Cabinet for Health and Family Services
 Department for Aging and Independent Living &
 Department for Behavioral Health, Developmental and Intellectual Disabilities

**¹Kentucky Participant Directed Services
 Mileage Log**

Participant: _____

Driver: _____

Date	Start Time	End Time	Starting Odometer	Ending Odometer	Purpose	Mileage

NOTE: If transportation was purchased for use, please attach all receipts.

Participant's signature: _____ Date: _____ Driver's signature: _____ Date: _____

Case Mngt signature: _____ Date: _____ Fin. Mngt signature: _____ Date: _____

Please note that any miles submitted shall be calculated at two-thirds (2/3) the reimbursement rate established quarterly per 907 KAR 12:020, Section 3 (19), and 200 KAR 2:006, Section 8(2)(d)