



NYC Early Intervention Program Mileage Reimbursement Form

Instructions: The NYC Early Intervention (EI) provider agency Transportation Coordinator (TC) must complete the Mileage Reimbursement Form with parents/caregivers monthly when mileage reimbursement is authorized as part of the child's Individualized Family Service Plan (IFSP). The TC will then send the completed form and accompanying documentation for tolls and/or parking to the NYEIS Administration Unit using the secure fax to email number: 347-396-8983 within seven (7) calendar days after the end of each calendar month.

Child's Name:(Last)		(First)	
Date of Birth (DOB):		EI #:	
IFSP Period: Start:	End:	Service Authorization Number:	
Parent's Full Name:			Phone:
Parent's Address:		City:	State: Zip Code:
Name of IFSP Authorized Destination (EI Provider):			
Destination Address:		City:	State: Zip Code:

I certify that the expenses itemized below are for the purposes of transporting my child to and from facility-based services authorized on his/her IFSP. I understand that I will not be reimbursed for tolls and parking unless I submit receipts as part of this request. I will receive a maximum reimbursement of \$100.00 per day in the form of a check mailed to me by the NYC Department of Health and Mental Hygiene (NYC DOHMH) no more than three (3) weeks from the date that the Mileage Reimbursement Form is received by the EIFM. I hold the NYC DOHMH harmless in the case of accidental death, injury or property damage associated with the use of my motor vehicle.

	Date Traveled	Total Miles	Rate per Mile	Total Expenses
1	MM/DD/YYYY	Round Trip (1)	\$ 0.585 (2)	(1) x (2)
2			\$ 0.585 (2)	
3			\$ 0.585 (2)	
4			\$ 0.585 (2)	
5			\$ 0.585 (2)	
6			\$ 0.585 (2)	
7			\$ 0.585 (2)	
8			\$ 0.585 (2)	
9			\$ 0.585 (2)	
10			\$ 0.585 (2)	
11			\$ 0.585 (2)	
12			\$ 0.585 (2)	
13			\$ 0.585 (2)	
14			\$ 0.585 (2)	
15			\$ 0.585 (2)	
Sub-Total				
Tolls (if applicable)				
Parking (if applicable)				
Grand Total				

Name (Parent): _____ Signature: _____ Date: ____ / ____ / ____

I certify that the above EI child received services at the program on the above dates.

Name (TC): _____ Signature: _____ Date: ____ / ____ / ____