



PARK COUNTY SENIOR COALITION

P.O. BOX 309
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TRANSPORTATION VOUCHER PROGRAM

Transportation Voucher Program

Park County Senior Coalition's Transportation Program is funded by the state of Colorado through Pike's Peak Area Council of Governments. This funding places certain requirements on the trips the Coalition can reimburse. Voucher recipients must be at least 60 years of age, and Park County residents.

Mileage reimbursement is restricted to vehicles which display a current license plate tag as required by State law, are equipped with safety belts and passenger safety devices as required by State and Federal laws, are insured at or above the State minimum automobile insurance requirements; and are operated by a driver with a valid Driver's License.

Park County Senior Coalition assists with mileage reimbursement and does not provide drivers through this program. Program participants are able to choose their own drivers, and are responsible for verifying their driver's credentials and completing any background check.

Requesting Transportation Assistance

* PLEASE NOTE: Enrollment in the Transportation Voucher program may take 2-4 weeks.

1. Only registered Park County Senior Coalition clients are eligible to receive Transportation Vouchers.
2. All Transportation Voucher clients must be Park County residents, and at least 60 years of age.
3. The required reimbursement form must be completed and received by Park County Senior Coalition within one week of the end of the month in which you received transportation to be eligible for reimbursement. A driver may assist in completing paperwork, but they cannot sign for the eligible senior.
4. Only medical and grocery shopping trips are eligible for reimbursement. Trips that do not include medical or grocery stops are not eligible for reimbursement. Once a trip is eligible, additional stops will be considered for reimbursement. Reimbursement will not exceed \$75.00/day.
 - a. Medical trips require proper documentation that the medical appointment was attended in order to receive reimbursement. (letterhead confirmation of appointments from Dr. or receipt from store.)
 - b. Grocery trips require a receipt from the grocery store to receive reimbursement.
 - c. Additional stops require a receipt from the store or other verification to receive reimbursement.
 - d. If you have a question about the trip being reimbursable, call PCSC to verify in advance.
5. The Coalition will make any mileage reimbursement checks payable to the eligible senior. Checks are generally written bi-weekly, and will be mailed. Park County Senior Coalition will not make voucher payments to drivers.
6. A voucher letter defining program eligibility must be received before service can begin. The voucher letter will identify the applicable reimbursement rate, eligible service dates, and the eligible senior.

Transportation Donation

There is NO CHARGE for participating in the Park County Senior Coalition's Transportation Voucher Program. Donations are requested, but not required, and do not affect eligibility or delivery of services. We are required to ask all transportation clients for a donation. Coalition policy for Transportation Services states the recommended donation is equal to \$5.00 per one-way trip. All Trip Donations are placed back into the budget for the specific service for which they are received. Park County Senior Coalition is a 501 © (3) non-profit corporation. Your donations may be tax deductible. You may call (719) 836-4295 with any questions. We gratefully accept any donations we receive.

Please sign below to verify receipt of this information and initiate eligibility processing:

Consumer Signature

Date

The mission of Park County Senior Coalition, founded in 1977, is to assist senior citizens of Park County to remain in their homes as long as they wish and are able.



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CONSUMED DIRECTED MILEAGE REIMBURSEMENT VOUCHER
DRAFT

Trip Recipient/ Consumer Name:	Phone:	Authorization Number:
Address:		Date:

Park County Senior Coalition (PCSC) will not be responsible for any services being rendered and before payment is received.

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Authorization number MUST be obtained prior to use. Authorization number **must be obtained in order to be eligible.**

Eligible services dates: _____

Maximum trip reimbursement: _____

Reimbursement for this voucher will not exceed \$_____ per day.

Consumers are responsible for delivery of services.
Please note that reimbursements may be requested.

Reimbursement requests must be submitted to PCSC within 7 days of the end of the month in which service occurred.

Reimbursement is not available for services rendered outside of the voucher period.

Initial acknowledgements below:

____ I acknowledge that I am receiving funds in the form of a reimbursement for services from providers or services that I have selected, and that any approved reimbursement will be made to the consumer. I acknowledge that this reimbursement is subject to approval from PCSC and may be declined or revoked.

____ I understand that PCSC is **not** the employer of record for these providers and services, and will not be responsible for conducting a criminal background check on the service provider.

____ I understand that I am the employer of record for these providers and services.

____ I understand that PCSC is not responsible for these providers or services. I do hereby agree to indemnify, hold harmless the Park County Senior Coalition, Region IV Area Agency on Aging and each of their officers, officials, employees, agents and volunteers from any and all loss, liability, fines, penalties, forfeitures, costs and damages that may occur. I also acknowledge I have the right to conduct background checks, or due diligence on any of my selected providers at my expense if I choose to do so. If I choose not to, I fully understand I may be at risk.

____ I understand that this voucher has no monetary value and is not redeemable for cash.

Only vouchers received by PCSC within 7 days of the end of month in which service occurred are eligible for reimbursement.

Consumer Signature: _____

Mileage Reimbursement Requested

*Drivers: *Signing below confirms the mileage information is accurate and verifies your eligibility for this program. Your signature authorizes PCSC to verify your eligibility.*

Mileage reimbursement is restricted to transportation provided by drivers who have not been convicted of:

- Any crime of violence, as defined in section 18-1.3-406, C.R.S.;
- Any felony offense involving intentional sexual behavior as defined in section 16-22-102, C.R.S.;
- Any felony which includes domestic violence as defined in section 18-6-800, C.R.S.;
- Any felony offense of child abuse as defined in section 18-6-301, C.R.S.;
- Any felony offense in any state, which is substantially similar to any of the offenses described previously.

Mileage reimbursement is restricted to vehicles, vans, trucks, and trailers which are licensed in the State of Colorado, are required to be equipped with safety belts and passenger safety devices as required by State and Federal laws, and are operated by a driver with a valid Driver's License.

Date Start time/ End Time	Destination- list all stops (documentation attached)	Driver Print Name	Rate	Signature*	Consumer Miles Driven	Rate	Amount

Consumers Initial Below:

_____ To the best of my knowledge, the drivers listed above possess a valid Colorado driver's license, have not had any alcohol or substance-related offenses in the past three years, and have had fewer than two convictions or chargeable accidents in the past two years.

_____ To the best of my knowledge, the request submitted is complete and accurate, and is not eligible for payment from another agency or funding source. I am aware that intentional submission of false claims for this program will make me ineligible for PCSC programs.

_____ I am aware that knowingly submitting false claims for payment; or making or using a false record or statement with the submission of this request for reimbursement; or causing another person to submit a false claim is subject to service suspension and repayment to Park County Senior Coalition at three times the amount, in addition to being reported to the government authority.

Consumer Signature: _____ Date: _____