

### Wraparound Service Guidelines

#### Transportation

Proof of purchase is required for reimbursement and must be included with a completed Wraparound Service Request Form. Receipts, Google Maps, and or MapQuest document/image accepted.

Transportation to and from the following locations can be reimbursed:

1. Training Program Site
2. Clinicals Site
3. Testing Site
4. Home Address (must be on file)
5. Physical Exam/TB Test Site
6. Live Scan Site
7. CPR Site
8. COVID Vaccination Site
9. Childcare Provider Site
10. Job Placement Site

#### Example 1:

#### Wraparound Service Request Form

Student Name: Nicole Example Training Program Name: (Name of School)  
 Prefer Check  Delivery Address: (The Address you want your check sent to)  
 Prefer Direct Deposit with Melio  Email Address and Phone Number: w55xx@gmail.com  
*Melio Direct Deposits are quicker than checks.* | 559-555-1238

#### Personal Vehicle

The following can be reimbursed:

1. Mileage
2. Toll Fees
3. Parking Fees

#### Ride Sharing

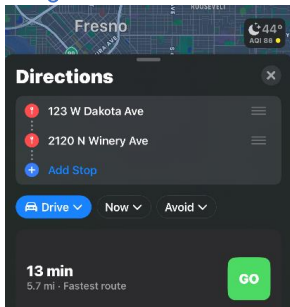
The following can be reimbursed:

1. Lyft
2. UBER

#### Public Transportation

The following options can be reimbursed:

Example 2: *Must have miles included. "My location" will be denied. Must have starting & ending location addresses.*



EXAMPLE 2:

Service Request/Reimbursement				
Date	Item Description	Quantity	Unit Price	Total Amount
1/10/23	Livescan	1	\$47	\$48.50
1/11/23	TB Test	1	\$40	\$41.93
1/11/23	Physical	1	\$38	\$40.15
	<i>(Don't Forget to Provide Receipts)</i>		<i>(Price Before Taxes)</i>	<i>(Price After Taxes)</i>
<b>Total</b>				\$130.58

Mileage Reimbursement			
Starting Location (From)	Ending Location (To)	Travel Date	Total Miles
(Home) 123 W Amherst Way	(Training School) 456 N Shaw Ave.	1/12/23, 1/13/23, 1/14/23, 1/17/23	24
456 N Shaw Ave.	123 W Amherst Way	1/12/23, 1/13/23, 1/14/23, 1/17/23	24
(Home) 123 W Amherst Way	(Clinical Site) 789 E First St.	1/21/23, 1/22/23, 1/27/23, 1/28/23	18
789 E First St.	123 W Amherst Way	1/21/23, 1/22/23, 1/27/23, 1/28/23	18
	<i>(No Receipts Needed for Mileage)</i>		
	<i>(Don't Forget to Provide GPS Screenshots)</i>		
<b>Total</b>			84

Mileage Reimbursement			
Starting Location (From)	Ending Location (To)	Travel Date	Total Miles
Home (Insert Address)	Training Program Site (Insert Address)	11/11/22	5
Training Program Site (Insert Address)	Home (Insert Address)	11/11/22	5
Home (Insert Address)	Clinical Site (Insert Address)	11/12/22	8
Clinical Site (Insert Address)	Home (Insert Address)	11/12/22	8
<b>TOTAL</b>			26