DDRB

Transportation Stipend Reimbursement Request Form

Below are the qualifying expenses that can be reimbursed with valid documentation.

A. Individual Information (PRINT clearly):

First & Last Name: _____ DMH ID: _____

Street address: _____ City: _____ State: ____ Zip: _____

Phone No. _____ Case Manager (if applicable): _____

B. How are you qualified? (SELECT one):

☐ Employed in the community   ☐ Enrolled/attending post-secondary school and/or Pre-Employment Program

Proof of current employment (most recent paycheck stub) or Proof of attendance in postsecondary school (most recent class schedule or acceptance letter) **must be submitted with this request form**.

C. Qualified Expense(s):

Each section lists the documents that **must be submitted with this request form** within 90 days of the date the expense occurred.

Motor Vehicle Purchase (Individual must be listed as an owner on the title of the vehicle purchased**)**
— Proof of valid driver's license (Expiration date :_____)
— Proof of ownership (title)
— Proof of current insurance (Individual must be listed on the policy)
— Proof of Kelley Blue Book vehicle valuation
— Bill of sale receipt
— Sales tax receipt (copy of receipt required only if requesting reimbursement)
— Initial licensing fees (copy of receipt required only if requesting reimbursement)

REIMBURSEMENT REQUESTED: $ _____

Motor Vehicle Repair (Individual must be listed as an owner on the title of the vehicle purchased)
— Proof of ownership (title)
— Proof of valid driver's license
— Proof of current insurance (Individual must be listed on the policy)
— Paid receipt(s) for repair or parts

REIMBURSEMENT REQUESTED: $ _____

Driver Education/Driver Training
— Driver's Permit
— Driver's Assessment Results
— Receipt(s) for Driver Education/Driver Training

REIMBURSEMENT REQUESTED: $ _____

Transportation by a Public Transit
— Paid Receipt(s) (include name of business, address, contact information, date of service and amount)

REIMBURSEMENT REQUESTED: $ _____

Transportation by a Private Transit
— Paid Receipt(s) (include name, address, contact information, date of service and amount)

REIMBURSEMENT REQUESTED: $ _____

D. Send/submit this completed form with required documentation within 90 days of the date the expense occurred. Mail to:

DDRB   or   Email to:
1025 Country Club Rd.   transportation@ddrb.org
St. Charles, MO 63303

DDRB Review:	Date Approved:_____ Lifetime Amount Remaining: $_____
	DDRB Representative Signature: _____