

10.3.3.1 FY25 Transportation Reimbursement Fund

Transportation Reimbursement Fund	
Purpose	The DDRB Transportation Reimbursement Fund temporarily supports an individual’s transportation needs. This funding is not intended to cover total transportation costs, but to enhance options and opportunities while individuals explore long-term transportation solutions.
Eligibility	<p>Individuals who meet the following criteria are eligible to access the Transportation Reimbursement Funds:</p> <ul style="list-style-type: none"> • DMH/IDD number: Individual has been determined eligible for DMH/IDD services and has a DMH/IDD number • St. Charles County resident: Individual resides in St. Charles County • Employed: Individual is competitively employed in the community and has qualifying expenses related to transportation. <p>and/or</p> <ul style="list-style-type: none"> • Post-Secondary Student or enrolled in Employment Training: Individual is enrolled in a post-secondary school and/or receives Adult Employment Training services from a DDRB-funded program or other community employment training program and has qualifying expenses related to transportation. <p>*Reference the Transportation Reimbursement Form Checklist for a complete list of qualifying items and expenses that are eligible for reimbursement.</p>
Role of Supported Employment Agency/Case Manager/Service Coordinator	<p>The role of Supported Employment Agency/Case Managers/Service Coordinators is to educate individuals about the Transportation Reimbursement Fund.</p> <ol style="list-style-type: none"> 1. Individuals who receive Adult Employment Services from a DDRB-funded Supported Employment agency, must submit the Transportation Reimbursement Fund Checklist with valid receipts to their employment agency. The employment agency will submit the request for reimbursement to the DDRB. The Employment agency is responsible for reimbursing the individual and maintaining a copy of the checklist along with supporting documentation for all reimbursement requests. 2. Individuals with a DDRB case manager/DMH service coordinator, must submit the Transportation Reimbursement Fund Checklist with valid receipts to their case manager/service coordinator. The case manager/service coordinator will submit the request for reimbursement to the DDRB via email at transportation@ddrb.org. The DDRB will reimburse the individual directly.

<p>Requesting Reimbursement</p>	<p>The DDRB establishes lifetime caps annually for each fund (Employment and Employment Training/Education). Refer to the Transportation Reimbursement Fund Checklist for lifetime limits.</p> <p>Individuals may request reimbursement for both funds in tandem and/or back-to-back if eligibility criteria are met. If the maximum amount allowed is not fully utilized, the individual's balances will remain available for use at a later time. Employment and Employment training/Education funds cannot be combined.</p> <p>Individuals who do not receive employment support from a DDRB-funded agency or have an active DDRB case manager/ DMH services coordinator must submit the Transportation Reimbursement Fund Checklist with valid receipts directly to the DDRB. The DDRB will reimburse the individual directly. Request for reimbursement to the DDRB must be made within 90 days from the date the expense was incurred. It is recommended that individuals accessing the reimbursement funds, track amounts reimbursed and their remaining lifetime balance.</p>
<p>Reference Form(s) available at www.ddrb.org</p>	<p>DDRB Transportation Reimbursement Fund Checklist</p>



Transportation Reimbursement Fund Checklist

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

FY2025 Lifetime Cap: Employment \$3,500 and Pre-employment \$3,500

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
- Include Proof of current employment (most recent paycheck stub) or Proof of attendance in post-secondary schools (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

When purchasing a vehicle, the eligible individual must be listed as an owner on the title of the vehicle purchased. Funding cannot be utilized towards car payments/car loans. Funding is to be used for reimbursement of money paid out of pocket at the time of purchase.

- 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

When requesting reimbursement for a repair, the eligible individual must be listed as an owner on the title of the repaired vehicle. (Repairs not covered oil change, fluids, filters, and tune-up)

- 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

- Proof of valid driver’s permit Expiration date: _____
- Driver’s Assessment Results
- Paid Receipt(s) for Driver Education/Driver Training REIMBURSEMENT REQUESTED: \$ _____

Electronic Bike

- Paid Receipt(s) (reimbursement may include safety gear/equipment, lock/chain, and warranty) REIMBURSEMENT REQUESTED: \$ _____

Transportation by Public or 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:

DDR B
 1025 Country Club Rd.
 St. Charles, MO 63303

or Email to:
transportation@ddrb.org