



VR-142X

Driver Rehabilitation Services

142X-Vendor Travel for Driver/Vehicle Evaluation for Training Implementation

AV#:	(7 digits)
ACCES-VR ID#:	(6 digits)
CAMS ID #:	(10 digits)

VR District Office:	Provider:
VRC Name:	NYS Fiscal System ID:
	Report Month:

Participant First Name:	Participant Last Name:
Participant Phone Number:	
Participant Email Address:	

Is the travel required for this participant to accomplish authorized evaluation or training over 35 miles each way?

If no, this travel is not eligible for reimbursement.

Yes No

Has this service been discussed with the VRC to establish the necessity of this travel?

Yes No

Is actual mileage and estimated travel time obtained from a valid source and documented within this participant's record?

Yes No

Has this service been authorized in tandem with each hour of Driver Rehabilitation Services (max 10 hours)?

Yes No

Units of Service Used this Month:

Identified Outcome:

Describe Progress to Date:

Recommended Next Steps to Reach Identified Outcome:

Completed By:

Qualified Staff Signature

Date

Printed Name

Title

Phone Number:

Email: