



REVISED 12.21.2020

CENTERBASED PROGRAM / EI FACILITY BASED SERVICES
Early Intervention & Special Education Preschool
Parent Mileage Reimbursement Form

Parents/Guardians whose children attend Orange County Early Intervention Facility Based Services or Preschool Center-Based Programs may be reimbursed for mileage if they provide their own transportation. Reimbursement will be made at a contracted rate and billed for at the end of each month. You cannot be reimbursed if the child is using the bus and the parent drives only occasionally, or on a daily basis, but only one way.

This form must be filled out completely and accurately, so as not to delay processing. If you have any questions or need assistance completing this form, please do not hesitate to call our office at: (845)673-3297. Once this form is received, the agreement process will begin and you will be contacted by the Orange County Department of Health for additional information.

Child's Name: _____ Date of Birth: _____

Parent/Legal Guardian Name: _____ Child's Age Group/Service Type:

- Reimbursement: [] I will be transporting my child and am not interested in obtaining a mileage reimbursement agreement with Orange County. Please sign and date below.
[] I will be transporting my child and am interested in obtaining a mileage reimbursement agreement with Orange County. Please provide information below. (All signatures required to validate this form)
[] Preschool
[] Related Service
[] Early Intervention

Home/Legal Address: _____

Mailing Address: _____

Home Phone #: _____ Cell Phone #: _____ Work #: _____

Name of Servicing Program/Facility: _____

Address of Program/Facility: _____

School District (P.S./R.S.) or OSC Name (E.I.): _____ OSC Phone # (E.I.): _____

Date reimbursement was requested by parent/guardian: _____ Transportation Reimbursement timeframe:

- Transportation Type: [] Car / Personal Vehicle
[] Public (specify): _____
Rate (ONE WAY): _____
[] Summer Program (P.S.): _____
[] 10-Month Program (P.S.): _____
[] Early Intervention / Related Service:
IFSP Timeframe: _____

PRISMATICSBLSBL OFFICE USE ONLY
Mileage from home to Servicing Program/Facility (ONE WAY): _____

Parent/Guardian Signature: _____ Date: _____

OSC Signature (E.I.): _____ Date: _____

OFFICIAL USE ONLY
For Early Intervention students only: This form must be submitted to PrismaticSBL's office by the child's EIOD for it to be processed. Any forms submitted to our office by the child's Ongoing Service Coordinator will not be processed, and will be returned to the child's Ongoing Service Coordinator.
EIOD Signature (E.I.): _____ Date: _____

Please mail this form to: PrismaticSBL
680 Route 211E
3B #156
Middletown, NY 10941

ORANGE COUNTY OFFICIAL USE ONLY
Contract Start Date: _____ Approved Date: _____
County Official Signature: _____