



REVISED MAY 2021

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

Parents/Guardians whose children attend an Orange County Early Intervention Facility-Based Service or Preschool Center-Based program 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. Parents cannot be reimbursed if the child is using the bus and parent drives only occasionally, or on a daily basis but only one way.

The district (PS) or the OSC (EI) MUST complete this form. It must be filled out completely and accurately, so as not to delay processing. For assistance, please contact our office at: (845)-520-3110 Ext. 3. Once this form is received, the agreement will begin and the parent will be contacted by the Orange County Department of Health/Intervention Services Division 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: \_\_\_\_\_

District CPSE (PS) or OSC (EI) Signature: \_\_\_\_\_ 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: \_\_\_\_\_