

**NJ DDD SELF-DIRECTED OPTION – SELF-DIRECTED EMPLOYEE (SDE) TRANSPORTATION LOG**

|                         |  |                           |                        |
|-------------------------|--|---------------------------|------------------------|
| <b>Individual Name:</b> |  | <b>Individual DDD ID:</b> |                        |
| <b>Employee Name:</b>   |  | <b>Employee PPL ID:</b>   | <b>P O N J D _____</b> |

Instructions

- Public Partnerships will only pay for transportation services authorized in the Individual's service plan.
- Enter the Service Date, Plan ID, Outcome Number, and Service Number.
- Enter the Procedure/Waiver Code that corresponds to the transportation service found on the Individual's service plan.
- Enter the Pick-up and Drop-off locations, e.g., Home, Walmart, etc.
- Enter the total hours driving, e.g., 1 hour.
- Enter your Hourly Pay Rate. This should be the rate determined by the employer you are working for.
- The Employer/Auth. Rep. and Employee must sign and date this form.
- Please e-mail (njddd@pcgus.com) or fax (844-561-5978) to Public Partnerships.

| Service Date (mm/dd/yy) | Plan ID | Outcome Number | Service Number | Procedure/Waiver Code | Pick-up Location | Drop-off Location | Total Hours | Rate per Hour |
|-------------------------|---------|----------------|----------------|-----------------------|------------------|-------------------|-------------|---------------|
| ___/___/___             |         |                |                |                       |                  |                   |             |               |
| ___/___/___             |         |                |                |                       |                  |                   |             |               |
| ___/___/___             |         |                |                |                       |                  |                   |             |               |
| ___/___/___             |         |                |                |                       |                  |                   |             |               |
| ___/___/___             |         |                |                |                       |                  |                   |             |               |
| ___/___/___             |         |                |                |                       |                  |                   |             |               |
| ___/___/___             |         |                |                |                       |                  |                   |             |               |

The Employer and Employee certify that the representations made in this Transportation Log are true, accurate, and correct and that if any statements are willfully false, the Employer and Employee may be subject to punishment, including suspension, debarment, or disqualification from participating in State or Federal programs, as well as criminal sanctions, as may be applicable. The Employer and Employee understand that payment of this claim will be from Federal and/or State funds, and that any falsification or concealment of a material fact may be prosecuted under Federal and State laws.

Employer/Auth. Rep. Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Employer/Auth. Rep. Signature: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date (mm/dd/yyyy): \_\_\_/\_\_\_/\_\_\_\_\_

Date (mm/dd/yyyy): \_\_\_/\_\_\_/\_\_\_\_\_