

Caregiver Travel Documentation

Home at Heart Care

Trust.Hospitality.Compassion.Responsibility

Fax Number: 866-810-7008
Phone Number: 866-810-9441

Dates of Service	1. First Client Name	Total Miles	Travel Time
	2. Last Client Name		
Sunday / /	(Jane Doe)		
	1.		
	2.		
Monday / /			
	1.		
	2.		
Tuesday / /			
	1.		
	2.		
Wednesday / /			
	1.		
	2.		
Thursday / /			
	1.		
	2.		
Friday / /			
	1.		
	2.		
Saturday / /			
	1.		
	2.		
Total Travel Time:			

OFFICE USE ONLY

Printed Name: _____ Signature: _____ Date: _____

ALL CLAIMS FOR TRAVEL REIMBURSEMENT MUST BE SUBMITTED WITH COORESPONDING TIMESHEETS.

TRAVEL TIME POLICY

PCA's and Homemakers who are authorized by Home at Heart to provide cares for more than one recipient in a day may claim travel time between clients using the Caregiver Travel Documentation form. Travel time must be authorized in writing by the RN or Coordinator.

Because the Caregiver Travel Time is paid in conjunction with Caregiver time, both the Caregiver Travel Documentation form and the Time and Activity Documentation must be submitted together.

1. When the Caregiver arrives at their first client, the Caregiver should record the start time of the first client for the day along with their odometer mileage.
2. After completing the last client cares, record your end time from your time sheet on the Caregiver Travel Documentation form along with your mileage.
3. Record from your Time and Activity Documentation total Caregiver time. Subtract your Caregiver Hours from the total work day time, to determine Travel Time.
 4. Only the shortest possible route between Clients is payable.
 5. Caregivers are allowed to take an unpaid ½ hour break between clients each day.
 6. Note all travel time, is subject to physical or MapQuest audits.