

**Instructions to ISP: Please complete a separate worksheet for each consumer.**

Service Month/Year:	Provider Name:	Consumer Name:	Counselor Name:	Authorized Dates of Service:
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Date (m/d/yyyy)	NMED Number	Time (From/To)	Hours Worked	Description of Service Provided to Consumer (e.g., tutor, driver, etc.)	Transportation Costs, if applicable:			
					Total Miles	Billable Miles	Other (Tolls, Parking)	Travel From/To
<b>TOTALS</b>								

**ISP Signature:**

**NOTICE:** This form includes confidential information regarding a consumer of the California Department of Rehabilitation. State and federal law and departmental regulations prohibit you from making any further disclosure of this information without the informed, written consent of the person to whom this information pertains.

**Requirements for ISP payment:**

- Invoice (DR 296)
- Worksheet (DR 296A)
- Progress Report (DR 174)

**DR 296A Instructions:**

Print the form, sign it, and make a copy for your records. Send the original to the DOR, along with the DR 296 – ISP Invoice and the DR 174 – Progress Report. A progress report is not required for the following services: Driver, Attendant, Note Taker, and Reader. Submitting an incomplete DR 296 or DR 296A may cause a delay in processing payment for services.

**Service Month/Year:** Enter the month and year in which you provided services to the DOR consumer.

**Provider Name:** Enter your full name here.

**Consumer Name:** Enter the DOR consumer's name that you provided services for. The DOR consumer's name is located on the DR 297B – Authorization for Services form.

**Counselor Name:** Enter the name of the DOR counselor who referred the consumer to you. Counselor information is located on the DR 297B – Authorization for Services form.

**Authorized Dates of Service:** Enter the 90-day timeframe you have been given to provide services to the DOR consumer. This information is located on the DR297B – Authorization for Services form.

**Date:** Enter each day that you provided services to the consumer (e.g., 1/5/2013).

**NMED Number:** This authorization number is located on the DR 297B – Authorization for Services form. The NMED number is 9 digits long (e.g., 123456789).

**Time:** List the beginning and ending times that you provided services to the DOR consumer. Use quarter increments only (ex: 10:15am ; 10:45am; 11:30am ).

**Hours Worked:** Enter the total amount of time you provided services to the DOR consumer on that day. Use quarter increments only (ex: 10.25 hrs; 4.5 hrs; 7.75 hrs; 12.00 hrs).

**Description of Services Provided to Consumer:** Enter the service you provided to the DOR consumer. (Ex: tutoring in math, reading, language interpretation.)

**Transportation Costs:** Defined as mileage, tolls, and parking fees. **Reimbursement requires preapproval by the DOR.**

**Total Miles:** Enter the total amount of miles traveled from the point of departure to the point of return.\*

**Billable Miles:** Miles in excess of 25 miles roundtrip. \* With preapproval, you may be reimbursed for mileage beyond the first 25 miles. Deduct 25 miles from Total Miles to determine your "billable miles" (ex: 30 Total Miles - 25 miles = 5 "billable" miles).

**Other:** If you have been preapproved, enter the cost of tolls and parking incurred while providing services to the DOR consumer.

**Travel From/To:** If you have been preapproved, enter your starting and ending locations for the travel incurred.

**Signature:** Sign your name using black or, preferably, blue ink.

*\*Exception: Driver service -- mileage begins at the point of picking up the consumer and ends at the point of consumer return.*