Par	rticipant:	WTW Activity 1:		
Cox	a Nymhau	Address:		
Cas	se Number:	WTW Activity 2: Address:		
W	Case Number:  WTW Social Service Worker:  Home Address:  ease complete this form and return it to your So	WTW Activity 3:		
''	w social service worker.	Address:		
Но	me Address:	Child Care Address (if applicable):		
Date	Where T	Γraveled	Check Box for Round Trip	Check Box for Child Care
Date	Where T	Γraveled Το		
Date			for Round	for Child
Date			for Round	for Child
Date			for Round	for Child
Date			for Round	for Child
Date			for Round	for Child
Date			for Round	for Child Care
Date			for Round	for Child Care
Date			for Round	for Child Care

I declare under the penalty of perjury that the above listed statements, to the best of my knowledge and belief, are true. I understand it is my responsibility to notify my Social Service Worker immediately if there are changes in my work hours per week and/or expenses. I understand my Social Service Worker may ask for written verification of my employment and may verify my odometer at any time.

I also understand that if I choose to use my own automobile, I may be eligible for mileage reimbursement up to the current IRS Standard Mileage Rate or the Public Transportation Rate, whichever is less. The standard mileage rate covers all operating costs, including gasoline, oil, and other maintenance needs. <u>Mileage is verified via Google Maps</u> or Map Quest.

Participant			
	Date	Social Service Worker	Date

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	Participant:		Case Number:			
Date		Where Ti	Where Traveled		Check Box for Child Care	
	<b>.</b>	From	То	Trip Care		