

Request for Travel Time

Name: _____ Case Number: _____

In order to assist us in assessing your child care needs, please indicate the following:

Title 5 18086(e)(1) – travel to and from the location at which services are provided and the place of employment, not to exceed half of the daily hours authorized for employment to a maximum of four hours per day.

Title 5 18087(k)(1) – travel to and from the location at which services are provided and the training location, not to exceed half of the weekly hours authorized for training to a maximum of four hours per day.

Your provider's address: _____
street address

_____ city zip code

(if more than one, please indicate): _____
street address

_____ city zip code

Your final destination: _____
street address

_____ city zip code

Your method of transportation (circle):

Car Bus Train Walk other: _____

The amount of travel time you are requesting *from provider to activity* way: _____ minutes

The amount of travel time you are requesting *from activity to provider* way: _____ minutes

Please explain why you are requesting this amount of transportation:

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information in this statement of facts is true, correct, and complete.

Signature: _____ Date: _____

For Office Use Only:

Travel time was verified via: ___ Google Maps ___ Metro.net ___ Other: _____

Amount of travel time granted: _____ minutes **to** activity _____ minutes **from** activity _____

I attest this travel time is reasonable and therefore approve it: Staff initials: _____ Date: _____