



## Mileage Reimbursement Form

The driver must fill out this form. Send a copy of your driver's license and valid auto insurance certificate if this is your first time filling out this form. HAP Empowered will run a background check and sanction screening for family members and foster parents of members and taxicab drivers to get reimbursement. To give consent, the driver must fill out the attached Disclosure Regarding Background Investigation form.

### MEMBER AND DRIVER INFO

Member's name: \_\_\_\_\_ Member's ID #: (11 digits) \_\_\_\_\_  
Driver's name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Driver's address (city, state, zip): \_\_\_\_\_  
Relation to member: \_\_\_\_\_  
Member's address (city, state, zip): \_\_\_\_\_

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### APPOINTMENT INFO

Date of appointment: \_\_\_\_\_  
Facility/Doctor name: \_\_\_\_\_  
Address (City, State, Zip Code): \_\_\_\_\_  
Phone: \_\_\_\_\_ Total miles roundtrip: \_\_\_\_\_  
Appointment confirmed by: \_\_\_\_\_  
(Note: Doctor/facility signature needed for processing)

### APPOINTMENT INFO

Date of appointment: \_\_\_\_\_  
Facility/Doctor Name: \_\_\_\_\_  
Address (City, State, Zip Code): \_\_\_\_\_  
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Facility/Doctor Name: \_\_\_\_\_  
Address (City, State, Zip Code): \_\_\_\_\_  
Phone: \_\_\_\_\_ Total miles roundtrip: \_\_\_\_\_  
Appointment confirmed by: \_\_\_\_\_  
(Note: Doctor/facility signature needed for processing)

## ATTESTATION

- I will follow all public laws, ordinances, and rules while driving.  
Yes  or No
- At the time of transport, my driver's license wasn't restricted or suspended.  
Yes  or No
- I agree to a full background check on my driving record.  
Yes  or No

## REIMBURSEMENT DETAILS

- Mileage is paid at the current IRS mileage rates.
- Google Maps is used to find out the distance between the pickup and drop-off spots.
- A check will be sent to the member or documented driver within 30 days from receipt of reimbursement request.
- HAP Empowered reserves the right to deny reimbursement based on background check results.
- Mail the filled-out form and needed documents to:

HAP Empowered  
Attn: Customer Service Mileage Reimbursement  
2850 W. Grand Blvd.  
Detroit, MI 48202

or email to:  
MSWEB1@hap.org

## QUESTIONS?

Call Customer Service at **(888) 654-2200 (TTY: 711)**, 24 hours a day, seven days a week.

## HAP EMPOWERED USE ONLY

- Valid driver's license and auto insurance on file or attached?  
Yes  or No
- Total miles approved: \_\_\_\_\_ Approved by: \_\_\_\_\_