ATTACHMENT B
In Home Supportive Services (IHSS) Training Academy
Travel Reimbursement Pre-Approval Request Form

Please complete this form and submit it to the California Department of Social Services (CDSS), Adult Programs Division, Training and Development Unit, within two weeks of the training start date, at: IHSS-Training@dss.ca.gov.

Ensure all fields are filled out to ensure timely processing.

Module:

Training Dates:

Name of Participant(s):

Participant Title(s):

Primary Role: Intake ☐ Reassessment ☐ Supervisory ☐ QA ☐ Other

Length of employment in IHSS Program: Years Months

Have you taken this training before: No ☐ Yes ☐ How many times?

County & IHSS county office address:

County & Training Venue address:

Reason for traveling outside of Region:

Type of Reimbursement Requested:

Mileage Only: ☐ Lodging Only: ☐ Mileage & Lodging: ☐

Mileage Calculator: (estimate only, not final mileage)

Miles from office to training X Number of days X Number of cars = Total estimate

_____ X _____ X _____ = _____

Lodging Calculator: (estimate only, not final lodging total)

Cost of room X Number of rooms X Number of nights = Total estimate

_____ X _____ X _____ = _____

Supervisor Approval Obtained: ☐ Yes ☐ No (provide reason:)

Supervisor Signature:

____

Questions and/or concerns may be emailed to IHSS-Training@dss.ca.gov.

CDSS TO COMPLETE THIS SECTION

Approved: Denied:

Reason Code:

CDSS Staff Initials: Date: