ResilientSD
Part of the AssuranceSD Family

OREGON VETERAN DIRECTED CARE TRAVEL REIMBURSEMENT LOG

Direct Care Worker Name: _____

Veteran Name: _____ ID Number: _____

Please submit completed and signed form to ResilientSD:

Mail
10425 W. North Ave
Suite 345
Milwaukee, WI 53226

Email
ORVDC@Resilient-SD.com

Date	Purpose	From	To	Mileage
			Total Miles:	

By signing this form, I certify that my vehicle is safe for transport and that I have a valid driver's license and insurance.

Direct Care Worker Signature: _____ Date: _____

Veteran/Authorized Representative Signature: _____ Date: _____