

PARTICIPANT TRAINING CHECKLIST

During the initial intake meeting, BRAG Administrative Staff will provide training to an individual participant or group of participants at the Referring Agency location.

Participant Name: _____

CHECKLIST

Training Element	Explained	Participant Initial
Eligible/approved trips for voucher use.	<input type="checkbox"/> Yes	_____
How to fill in the participant portion of the voucher.	<input type="checkbox"/> Yes	_____
How to instruct individual drivers on completing and submitting vouchers for payment (using a mock voucher as a teaching tool).	<input type="checkbox"/> Yes	_____
How to bundle trips to complete other errands during non-emergency medical trips.	<input type="checkbox"/> Yes	_____
Warning about misuse. What will be considered illicit activity and what repercussions will be taken if discovered.	<input type="checkbox"/> Yes	_____
How to receive additional vouchers when needed.	<input type="checkbox"/> Yes	_____

TRAINING COMPLETED

Participant name (print)

Participant name (sign)

Date

Trainer name (print)

Trainer name (sign)

Date