Agency Logo

PMF 3.17.2 NON-EMERGENCY TRANSPORTATION REQUEST FORM

Member Name: _____

DOB: _____

CIS#: _____

Request Date: _____

Note: Transportation is reserved for members with a current significant condition or limitation that precludes them from riding the bus or using another form of transportation available to them such as a car. It is not meant to be used purely as a convenience for the member. In order for us to provide routine transportation services, we must have a current "Non-Emergency Transportation Request Form" on file. Please complete the form in its entirety with the assistance of a provider staff person.

Do you or a household member have access to a working vehicle? ☐Yes ☐No

- If yes, can you use it to get to your appointments? ☐Yes ☐No
- If no, why? _____

How do you get to the grocery store, church, barbershop, and other non-medical places you need to go? ☐Car ☐Bus ☐ Bike ☐ Other _____

Is public transportation, such as a bus or the light rail available in your area? ☐Yes ☐No

Do you need alternative transportation to get to appointments for services listed on your Individualized Service Plan? ☐Yes ☐No

- If yes, please check reasons below (Check all that apply)
  - ☐ I use portable oxygen or other necessary equipment that I am unable to carry
  - ☐ I have limited use, or no use, of one or both legs (i.e. broken leg)
  - ☐ I am not able to walk 50-60 feet without stopping (approximate length of a supermarket aisle)
  - ☐ I am pregnant will due to deliver in the next 3 months
  - ☐ I must travel with 2 or more children under the age of 5
  - ☐ I have no friends, family, or extended family available to provide transportation.

Special Considerations:_____

Special Transportation Needs:_____

Can you travel alone? ☐Yes ☐No If no, why? _____

Indicate the number of months transportation will be needed (not to exceed 6 months): _____

Certification Statement: My signature below certifies that the information on this request is true to the best of my knowledge.

Member Name (please print): _____

Member Signature: _____

☐ Approved ☐ Denied Date:_____

Reason for Denial: _____

Agency Staff Signature: _____

If request is denied, a formal (Title XIX/XXI) Notice of Action and Right to Appeal, or (Non-Title XIX/XXI) Notice of Decision and Right to Appeal must be given to the member as appropriate.)

Renewal requests must be made upon expiration of the approved period and completed at least every six months. A new request must be submitted when a change in the member's condition warrants a different mode of transportation. All non-emergency medical transportation requires prior approval.