

R&D TRANSPORTATION SERVICE REQUEST – GGRC

Office: 1-800-966-7114 Fax: 1-805-484-0694

Date: _____

NEW SERVICE DELETE SERVICE RESPITE COST ANALYSIS
 CHANGE IN SERVICE/CLIENT DATA (continue to CHANGE TYPE on next line)
CHANGE TYPE: ADDRESS/PHONE PROGRAM MOBILITY DAYS/HOURS: ADD - AM PM CANCEL - AM PM
CLIENT _____ UCI # _____ BIRTHDATE _____ FEMALE MALE
SVC COORD _____ PH (incl. area code): (_____) OFFICE: SF SMO CMO

TRANSPORTATION INFORMATION

START DATE _____ TERM DATE _____ AUTHORIZING SIGNATURE _____ SW E-MAIL _____

CLIENT DATA

CLIENT'S AM ADDR: _____

CLIENT'S PM ADDR (if different from a.m.): _____

CLIENT'S PHONE (incl. area code): (_____) CONTACT _____

CLIENT'S DESIGNATED EMERGENCY CONTACT: _____ PH (incl. area code): (_____)

DESTINATION: _____ PH (incl. area code): (_____) CONTACT: _____

ADDRESS (incl. city & zip code): _____

DAYS: MON-FRI MON TUE WED THU FRI HOURS: START _____ END _____

TYPE OF SERVICE: AM & PM (round trip) AM ONLY (one way – to destination) PM ONLY (one way – return home)

LIVES: INDEPENDENTLY FAMILY CAREGIVER GROUP HOME - NAME: _____

MAY BE RELEASED TO SELF (ATTACH SIGNED RELEASE) REQUIRES ATTENDANT – DIR. APPROVAL: _____

CONSERVED: NO YES - CONSERVATOR: _____ RELATION: _____ PH: (_____)

LANGUAGE (if other than English): _____ SPEECH: NON-VERBAL BASIC MODERATE GOOD

AUDITORY: HEARING IMPAIRED DEAF SIGHT: IMPAIRED LEGALLY BLIND BLIND

MOBILITY (must check one): AMBULATORY WALKER CANE CRUTCHES WHEELCHAIR: MANUAL ELECTRIC

OTHER DEVICE: _____

BEHAVIOR: WANDERS AGGRESSIVE OBSCENE OUTBURSTS MALADATIVE SEXUAL BEHAVIOR OTHER

DESCRIBE NATURE OF BEHAVIOR: _____

DIAGNOSIS: DOWN SYNDROME TOURETTE SCHIZOPHRENIA PARANOIA CEREBRAL PALSY AUTISM

RETARDATION: MILD MODERATE SEVERE SEIZURES: PETIT MAL GRAND MAL CONTROLLED

DIABETES: NO YES INSULIN DEPENDENT QUADRIPLÉGIA PARAPLEGIA OTHER: _____

ALLERGIES: _____

NOTE: _____

THIS SECTION FOR R&D USE ONLY

DATE RECVD _____ SCHLD BY _____ EFFECTIVE DATE: _____

	<u>RTE</u>	<u>TIME</u>	<u>STP ID</u>	<u>VENDOR</u>	PRGM NOTIFICATION: _____
--	------------	-------------	---------------	---------------	--------------------------

AM _____ CLIENT NOTIFICATION: _____

PM _____ NOTE: _____