

R&D TRANSPORTATION SERVICE REQUEST – NLACRC

Office: 1-800-966-7114 Fax: 1-866-529-6102

DATE: _____

NEW SERVICE DELETE SERVICE RESPITE TRAVEL TRAINING

CHANGE IN SERVICE/CLIENT DATA (continue to CHANGE TYPE on next line)

CHANGE TYPE: ADDRESS/PHONE PROGRAM MOBILITY ATTENDANT - ADD DELETE

DAYS/HOURS: ADD - AM PM CANCEL - AM PM

CLIENT _____ UCI # _____ BIRTHDATE _____ FEMALE MALE

SVC COORD _____ PH (incl. area code): (_____) OFFICE: AV SFV SC

ASSESS FOR ALL GENERIC TRANSPPORTATION SERVICES EXEMPT REQUEST TRAVEL TRAINING ASSESSMENT

TRANSPORTATION INFORMATION

START DATE _____ TERM DATE _____ AUTHORIZING SIGNATURE _____

CSC E-MAIL: _____ CSS NAME: _____ CSS 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: _____