



Transportation Services

T-Transportation 2

AV#:	(7 digits)
ACCES-VR ID#:	(6 digits)
CAMS ID #:	(10 digits)

VR District Office:	Provider:
VRC Name:	NYS Fiscal System ID:
	Report Date:

Participant First Name:	Participant Last Name:
Participant Phone Number:	
Participant Email Address:	

Number of round trips authorized:

Number of round trips provided this month:

Number of round trips utilized to date:

Indicate what core ACCES-VR service (Assessment, Training, Placement) this transportation is supporting:

What is the expected duration of this service:

What is the estimated date this service will conclude:

Type of vehicle utilized for this service:

List appropriate DMV licensure for staff providing service:

VR-T

Is current and valid DMV licensure, Defensive Driving certificate, and background documentation maintained in vendor records subject to monitoring review at ACCES-VR request:

Any tickets or accidents incurred while driving participant must be reported immediately to VRC. Were any tickets or accidents incurred while driving the participant?

Yes No

If yes, please describe:

Completed By:

Licensed Staff

Signature

Printed Name

Phone Number:

Date

Title

Email: