

**Transportation Services**

**V-Transportation I**

|  |  |  |
| --- | --- | --- |
| AV#: | (7 digits) | Click to enter |
| ACCES-VR ID#: | (6 digits) | Click to enter |
| CAMS ID #: | (10 digits) | Click to enter |

|  |  |  |  |
| --- | --- | --- | --- |
| VR District Office:  | Click to enter | Provider: | Click to enter |
| VRC Name: | Click to enter | NYS Fiscal System ID: | Click to enter |
|  | Report Date: | Click to enter |

|  |  |  |  |
| --- | --- | --- | --- |
| Participant First Name: | Click to enter | Participant Last Name: | Click to enter |
| Participant Phone Number: | Click to enter |
| Participant Email Address: | Click to enter |

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|  |
| **What transportation is being purchased for the participant?** (ie. Public transit passes, para transit passes, taxi service, ride sourcing service) |
| Click to enter |
|  |  |  |  |  |  |  |  |  |  |
| **Number of units authorized in total:**  | Click to enter |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Number of units provided this month:** | Click to enter |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Number of round trips utilized to date:** | Click to enter |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Indicate what core ACCES-VR service (Assessment, Training, Placement) this transportation is supporting:** |
| Click to enter |
|  |  |  |  |  |  |  |  |  |  |
| **What is the expected duration of this service:** | Click to enter |  |
|  |  |  |  |  |  |  |  |  |  |
| **What is the estimated date this service will conclude:** | Click to enter |
|  |  |  |  |  |  |  |  |  |  |
| **Has the participant signed off on the actual costs?** |[ ]  **Yes** |[ ]  **No** |
|  |  |  |  |  |  |  |  |  |  |
| **Are the actual costs for this participant documented in facility records?**  |  |
|  |  |  |  |  |  |[ ]  **Yes** |[ ]  **No** |
|  |  |  |  |  |  |  |  |  |  |
| *The documentation of actual costs may be requested in a quality monitoring review.* |  |
|  |  |  |  |  |  |  |  |  |  |

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| **Completed By:**  |
|  |  | Click to enter |
| Qualified Staff Signature |  | Date |  |
| Click to enter |  | Click to enter |
| Printed Name |  |  | Title |  |
| Phone Number: | Click to enter |  | Email: | Click to enter |