

**Transportation Services**

**T-Transportation 2**

|  |  |  |
| --- | --- | --- |
| 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 | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | |  |  | |  |  |
| **Number of round trips authorized:** | | | | |  | Click to enter | |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Number of round trips 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 | |  |
|  |  |  |  |  |  |  |  |  |  |
| **Type of vehicle utilized for this service:** | | | | |  | Click to enter | |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **List appropriate DMV licensure for staff providing service:** | | | | | | | Click to enter | | |
|  |  |  |  |  |  |  |  |  |  |
| **Is current and valid DMV licensure, Defensive Driving certificate, and background documentation maintained in vendor records subject to monitoring review at ACCES-VR request:** | | | | | | | | | |
| Click to enter | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |
| ***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:*** | | | |  |  |  |  |  |  |
| Click to enter | | | | | | | | | |
|  | | | | | | | | | |

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