



## Transportation Services

### V-Transportation I

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:	

**What transportation is being purchased for the participant?** (ie. Public transit passes, para transit passes, taxi service, ride sourcing service)

**Number of units authorized in total:**

**Number of units 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:**

**Has the participant signed off on the actual costs?**     Yes     No

VR-V

**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.*

**Completed By:**

\_\_\_\_\_  
Qualified Staff Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

Phone Number:

Email: