

**Adjunct Services**

**Transportation Services I**

|  |  |
| --- | --- |
| Authorization # | Enter AV #. |
| Aware Participant ID | Enter Aware Participant ID |

|  |  |
| --- | --- |
| VR District Office: Click arrow to select office. | Vendor: Click to enter vendor name |
| VRC Name: Click to enter. | SFS Vendor ID: SFS Vendor ID. |
| Service Dates: Enter service dates here. | Report Date: Click to enter a date. |

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

|  |  |  |
| --- | --- | --- |
| **Transportation Services Details**  Unit of service = 1 round trip to/from vendor site | | |
| **Type of Transportation Purchased for Customer:** Enter type of transportation purchased.  (Public transit / Para transit passes, taxi, ride service) | | |
| **Number of Roundtrips Authorized:** Enter total r/t authorized. | | |
| **Number of Roundtrips Provided this Month:** Enter total r/t this month. | | |
| **Number of Roundtrips Provided to Date:** Enter total r/t to date. | | |
| **Indicate which ACCES-VR core service transportation is supporting:** Click to choose a service. | | |
| **Discuss the expected duration of the above service:** Indicate length of service. | | |
| **Estimated date service will conclude:** Click to enter expected end date. | | |
| **Has the Customer signed a receipt for transportation received?**  (Maintain signed documentation of actual cost in customers case record) | Yes | No |
| **Was this report submitted within 10 business days from last service?** | Yes | No |
| **If not, please indicate reason(s):** Click here to enter reason for delay. | | |

|  |  |  |
| --- | --- | --- |
| **Completed By:** |  |  |
| Enter staff name here. |  | Enter staff title here. |
| Printed Name |  | Title |
| Phone: Enter phone number. |  | Email: Enter email. |