



## Client Non-Emergency Transportation (NET) Request

Return completed form to:

ACDJFS Social Services 951 Commerce Pkwy., Lima, OH 45804

FAX: 419.228.0420    Email: allen\_social\_services@jfs.ohio.gov    Questions? Call 419.999.0224

Person using Transportation Service Information						
Applicant Name (First Name, Middle Initial, Last Name)			Date of Birth	Medicaid Identification Number		
Address (Number Street/Apt Number)				City/State/Zip		
Social Security Number		Phone Number		Email Address		
Medical Appointment Information						
Date	Time	Pickup Address	Appointment Address	Length of Appt	Return Time	Drop off Address
Medical Provider _____						<input type="checkbox"/> Documentation Provided
Stop at pharmacy? <input type="checkbox"/> Yes <input type="checkbox"/> No # of Passengers? _____ <input type="checkbox"/> This is a one-way trip						
Medical Provider _____						<input type="checkbox"/> Documentation Provided
Stop at pharmacy? <input type="checkbox"/> Yes <input type="checkbox"/> No # of Passengers? _____ <input type="checkbox"/> This is a one-way trip						
Medical Provider _____						<input type="checkbox"/> Documentation Provided
Stop at pharmacy? <input type="checkbox"/> Yes <input type="checkbox"/> No # of Passengers? _____ <input type="checkbox"/> This is a one-way trip						
Consumer's Signature: _____				Date of request: _____		
<b>Office USE ONLY:</b>						
Type: <input type="checkbox"/> Bus Ticket <input type="checkbox"/> Bus Pass <input type="checkbox"/> Gas Voucher/Client's Own Vehicle				Provider: <input type="checkbox"/> Black/White Cab <input type="checkbox"/> Right at Home <input type="checkbox"/> K&P Medical		