

Client Non-Emergency Transportation (NET) Request

Important:

- You must have current Medicaid eligibility to use Non-Emergency Transportation (NET) Services.
- Medicaid eligibility is determined on a monthly basis, so please use a separate form for each calendar month.
- We cannot schedule appointments for the next month until the 20th of the previous month.
- Within the calendar month, five (5) business days are needed for processing.
- Please call 513-946-1000 option 6, if you have questions.

Your request may be denied ▶ <ul style="list-style-type: none"> • If you do not have current Medicaid eligibility; or • If this form is incomplete or missing verification of medical appointment. • We cannot verify that you have an appointment on the date of travel. 	Return completed form via ▶ <ul style="list-style-type: none"> • Fax: (513) 946-1830 • Email: TransportationServices@jfs.hamilton-co.org
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Person using Transportation Services Information:

First Name:	Last Name:	Date of birth:	Medicaid Case # (if known):	Last 4 digits of SSN:
Street Address: <i>(Include Apt. No. or designate floor)</i>		City:	State:	Zip:
Phone/cell number: <i>(where you can be reached)</i> () - or () -				

If you are requesting transportation services for someone other than yourself, please complete the boxes below:

First Name:	Last Name:	Relationship to the client listed above:
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Medical Appointment Information:

Date:	Time:	Pickup Address:	Medical Provider:	Medical Address:	Return Time:	Drop off Address:	# Riders:
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							

Services Needed:

Check which service is requested (mode of transportation and the type/number of tickets will be determined by NET): <input type="checkbox"/> Metro One Ride Ticket <input type="checkbox"/> Metro 30 Day Bus Pass <input type="checkbox"/> Metro ACCESS bus slips <input type="checkbox"/> F; <input type="checkbox"/> G (Fax copy of ACCESS card) <input type="checkbox"/> Cab/Van Transportation (Medical certification will be requested from MD)	Does your appointment occur several times per week? <input type="checkbox"/> No <input type="checkbox"/> Yes – If yes, check days of the week <input type="checkbox"/> M; <input type="checkbox"/> T; <input type="checkbox"/> W; <input type="checkbox"/> Th; <input type="checkbox"/> F; <input type="checkbox"/> S
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Signature:

Consumer's Signature:	Date of request:
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