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 ►	• 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 ►	• Fax: (513) 946-1830 • Email: TransportationServices@jfs.hamilton-co.org	

Person using Transportation Services Information:

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

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							

Services Needed:

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

Signature:

Consumer's Signature:	Date of request: