Cleveland Transitional Grant Area- Ryan White Part A

**Medical Transportation Form**

**1. Service Date:**

**2. Client Name:**  **3. CAREWare ID:**

**4. Was the client screened for other available resources for transportation services?** 🞎 Yes 🞎 No

**5. Form Directions-** Check the box (**A. – D.**) for the type of assistance provided and complete related fields.

\*Services Accessed-Funds may be used to provide transportation services to an eligible client to access HIV-related health services, including services needed to maintain the client in HIV/AIDS medical care.

|  |  |
| --- | --- |
|  | **A. Public Transportation** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Service(s) Accessed\* | Date(s) | Type of Bus Pass | Quantity | Pass/Voucher Number(s) |
|  |  | RTA Daily Bus Pass ($5.50) |  |  |
|  |  | RTA Daily Bus Pass- Disabled ($2.75) |  |  |
|  |  | Other RTA Bus Pass ($\_\_\_\_\_\_\_) |  |  |
|  |  | RTA ID Voucher- No value until exchanged for RTA ID | N/A |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **B. Fuel Card/Mileage Reimbursement OR** |  | **C. Cab/Taxi Voucher** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Service(s) Accessed\* | Miles | Date | Starting Address | Destination Address |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Service(s) Accessed\* | Miles | Date | Starting Address | Destination Address |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Service(s) Accessed\* | Miles | Date | Starting Address | Destination Address |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Service(s) Accessed\* | Miles | Date | Starting Address | Destination Address |
|  |  |  |  |  |

|  |  |
| --- | --- |
| **Total Miles: \_\_\_\_\_** | **Total Fuel Card/Mileage Reimbursement or Taxi/Cab Voucher Amount: $\_\_\_\_\_\_\_\_** |

|  |  |
| --- | --- |
|  | **D. Parking Voucher** |

|  |  |  |
| --- | --- | --- |
| Service(s) Accessed\* | Date(s) | Quantity |
|  |  |  |

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_