## **NON MEDICAL TRANSPORTATION- PER TRIP - DOCUMENTATION**

| PROVIDER NAME                        |  |  | PROVIDER # |  | MONTH |  | YEAR |
|--------------------------------------|--|--|------------|--|-------|--|------|
| Date                                 |  |  |            |  |       |  |      |
| License Plate<br>Number              |  |  |            |  |       |  |      |
| Odometer Start                       |  |  |            |  |       |  |      |
| Start Time of Trip                   |  |  |            |  |       |  |      |
| Odometer End                         |  |  |            |  |       |  |      |
| End Time of Trip                     |  |  |            |  |       |  |      |
| Miles Driven                         |  |  |            |  |       |  |      |
| Name & Medicaid #<br>Waiver Consumer |  |  |            |  |       |  |      |
| Name & Medicaid #<br>Waiver Consumer |  |  |            |  |       |  |      |
| Name & Medicaid #<br>Waiver Consumer |  |  |            |  |       |  |      |
| Name & Medicaid #<br>Waiver Consumer |  |  |            |  |       |  |      |
| Staff Initials                       |  |  |            |  |       |  |      |

| DATE       | Names of all other passengers/riders, including paid staff and volunteers who were in the vehicle during any portion of the trip and/or commute. |
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