

State of Vermont
Department of Vermont Health Access
312 Hurricane Lane, Suite 201
Williston VT 05495-2807
dvha.vermont.gov

[Phone] 802-879-5900
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Agency of Human Services

Medicaid Transportation Exception Request Form

Name: _____ Medicaid ID: _____

Address: _____ DOB: _____

Reason for the request (please check all that apply):

- Car is not insured (letter confirming insurance termination necessary), or
- Car does not run (note from certified mechanic on letterhead necessary), or
- No licensed drivers in the home, or
- No one in the home is able to drive due to medical reasons (please attach detailed medical explanation of member's condition relating to this issue), or
- A family member is using the car for work purposes, and the member can't take time off for the doctor appointment (completed employer form attached).

Car #1: Make _____ Model _____ Year _____ Running? _____

Car #2: Make _____ Model _____ Year _____ Running? _____

Signed: _____ Date: _____

Fax completed form to:

DVHA Transportation Unit, 879-5919

DVHA Decision: Approved Expires On: _____

Denied

Authorized by: _____ Date: _____

Rev 2/16

