

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 from a medical professional), 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: _____