

**INSTRUCTIONS
DHS 1160**

REQUEST FOR INDIVIDUALIZED TRANSPORTATION SERVICES

PURPOSE:

The **DHS 1160**, Request for Individualized Transportation Services form shall be used to substantiate and verify a recipient's request for individualized transportation services to obtain medical services. Individualized transportation is defined as any mode of transportation to and from a medical facility.

All requests for individualized transportation services must be completed on the DHS 1160. A completed DHS 1160 must include:

- I. the recipient's request for transportation;
- II. an individualized transportation need assessment completed by a licensed physician;
- III. a statement from a licensed physician certifying the need for transportation; and
- IV. an eligibility worker's (EW) authorization for appropriate transportation.

EXCEPTIONS:

Request for emergency/"one-time" taxi services due to an illness, injury or other emergency situation does not require the completion of this form. Also, door-through-door type transportation may be provided for client's transportation between medical institutions without a DHS 1160.

GENERAL INSTRUCTIONS:

- I. Form shall be written legibly in ink or typewritten.
- II. This form shall be used for:
 - A. the recipient to justify the need for individualized transportation;
 - B. the licensed physician to substantiate recipient's need for individualized transportation;

C. the licensed physician to certify the medical circumstances and the need for the appropriate mode of individualized transportation; and

D. the EW to determine eligibility for, mode of transportation and certify the period of individualized transportation.

III. Distribution:

Original - file in case record.

Copy - mail to recipient.

Copy - mail to individualized transportation provider (for curb-to-curb providers not on Oahu).

SPECIFIC INSTRUCTIONS:

I. The eligibility worker (EW) shall complete the upper right corner of this form with the name of the unit, address, and EW's name.

II. The EW shall also complete the heading section of the **DHS 1160** with the following information and forward to the recipient:

- | | | |
|----|------------------|------------------------|
| A. | Recipient's Name | Last, First, M.I. |
| B. | Case Name | Last, First |
| C. | Case Number | Self explanatory |
| D. | Birthdate | MM/DD/YY |
| E. | Sex | M = male
F = female |
| F. | Street Address | Self explanatory |
| G. | City/State | Self explanatory |
| H. | Zip Code | Self explanatory |
| I. | Telephone No. | Self explanatory |

- III. The recipient/guardian shall complete the narrative portion of section **I Client** which is self-explanatory. The recipient/guardian shall also complete the following information and forward to their licensed physician:
- A. Signature of Recipient/Legal Guardian Legal Signature
 - B. Printed Name of Recipient/Legal Guardian Self explanatory
 - C. Date Self explanatory
- IV. The licensed physician shall complete the narrative portion of **section II License Physician/Individualized Transportation Need Assessment** to substantiate recipient's need for individualized transportation, which is self-explanatory.
- V. The licensed physician shall also complete **section III Licensed Physician: Certification of Individualized Transportation Request** to certify the medical circumstances, the need for the appropriate mode of individualized transportation, and the period transportation is needed. Upon completion of this section, the licensed physician will forward this form to the EW listed at the address on the upper right corner of this form:
- A. Recipient's name First, M.I., Last
 - B. Taxi, Curb-to-Curb, (Check appropriate mode of
Door-Through-Door transportation)
 - C. (Period of certification) (FROM) = Month/Year
(TO) = Month/Year
 - D. Signature of Licensed Physician Self explanatory
 - E. Printed Name of Licensed Physician Self explanatory
 - F. Address Self explanatory
 - G. Phone No. Self explanatory
- VI. The EW shall complete section **IV Worker** with the following information regarding the eligibility for, mode of transportation, and the period of certification for individualized transportation services:
- A. Approval (is or is not) Self explanatory

B.	(Mode of transportation)	Taxi Curb-to-Curb Door-Through-Door
C.	(Period of certification)	(FROM) = Month/Year (TO) = Month/Year
D.	Signature of Eligibility Worker	Self explanatory
E.	Printed Name of Eligibility Worker	Self explanatory
F.	Date	Self explanatory