

TAXI AUTHORIZATION/INVOICE

Section 1: Authorization To Be Completed By Eligibility Worker

 Recipient's Name Case Name Case No. Recipient I.D. No Unit Control No.

 Name of Taxi Provider FAX No. Phone No.

The Department of Human Services has determined that the above named individual is eligible for limited taxi services for the month of _____. Taxi services are restricted to the following destinations as indicated below:

Residence Address or _____ To: Provider #1: _____ Frequency
 otherwise indicated: _____ Address: _____

Provider # 2: _____ Frequency Provider #3: _____ Frequency
 Address: _____ Address: _____

Provider # 4: _____ Frequency Provider #5: _____ Frequency
 Address _____ Address: _____

Additional services have been authorized by _____ for transportation services limited to _____

Any changes to this authorization form will nullify this agreement and the Department will not be responsible for any additional charges without the approval of the eligibility worker or a medical consultant. Should after hours emergency service be provided, the Department may authorize taxi services, provided the emergency is confirmed by a note from the physician or facility who provided the services.

 Printed Name of Eligibility Worker Eligibility Worker's Signature Authorization Date Phone No. FAX No.

Section 2: Invoice To Be Completed By Taxi Provider

	TAXI TRIP RECORD NUMBER	COLUMN 1 TOTAL CHARGES		TAXI TRIP RECORD NUMBER	COLUMN 2 TOTAL CHARGES	
1			7			
2			8			
3			9			
4			10			
5			11			
6			12			
Column 1 Total		\$ _____	Column 2 Total		\$ _____	
					Subtotal	\$ _____
					4% Tax	\$ _____
					AMOUNT DUE	\$ _____

I certify the above to be accurate and true.

 Printed Name of Authorized Agent Authorized Agent's Signature Provider Address Date Prov. Invoice No.