|  |  |  |
| --- | --- | --- |
| Client Name: Click or tap here to enter text. | Request Date:  03/26/2020 | Transportation Date:  03/26/2020 |
| Pick up address: Click or tap here to enter text. | Destination address: Click or tap here to enter text. | |
| Pickup time: Click or tap here to enter text. | Return trip time: Click or tap here to enter text. | |

UBER Transportation Request and Authorization Form

Name: Case Manager/CDI: Click or tap here to enter text.

No known behavior history No known physical disability

Assessment completed. This client is eligible for Uber transport.

Program Manager/Supervisor Authorization: Click or tap here to enter text.

Client was notified at: Click or tap here to enter text. By Click or tap here to enter text.

**-------------------------------------------- For administrative use only-------------------------------------**

Initial Trip

|  |  |
| --- | --- |
| Dispatcher: Click or tap here to enter text. | Cost: Click or tap here to enter text. |
| Mileage: Click or tap here to enter text. | Cost Code: Click or tap here to enter text. |

Return Trip

|  |  |
| --- | --- |
| Dispatcher: Click or tap here to enter text. | Cost: Click or tap here to enter text. |
| Mileage: Click or tap here to enter text. | Cost Code: Click or tap here to enter text. |

Emergency Contact Name: Click or tap here to enter text. Phone number: Click or tap here to enter text.

**Transport Confirmed: ❑ Yes or ❑ No** Last revised hparikh: 3/26/2020