

FORM TO BE COMPLETED BY A MEDICAL PROVIDER ONLY

LUCAS COUNTY DEPARTMENT OF JOB & FAMILY SERVICES 3210 MONROE STREET P.O. BOX 10007 TOLEDO, OHIO 43699-0007

MEDICAL TRANSPORTATION NEEDS ASSESSMENT

Lucas County Department Job and Family Services is assessing the transportation requirements of the person named below. Please complete the form based on your records and recent examination of the patient. (If a new examination is necessary to complete this form, payment will have to come from Medicaid, Medicare, or personal resources.)

Name: _____ **Birth date:** _____ **Gender:** _____

Address _____ **City** _____ **State:** _____ **Zip:** _____

SSN: _____ **Case Number** _____

Primary Diagnosis: _____

Prognosis: (duration of disability): _____

This form is to determine if the above client can use the bus to and from medical appointments. Please consider the following:

- Can the client can walk to a bus stop?
- stand and wait at the stop (up to 60 minutes)?
- climb the bus stairs?
- safely interact with other passengers?

After your assessment of your patient's physical and mental functioning is the patient able to take the bus to medical appointments? YES _____ NO _____

Medical Provider Signature _____ **Date Signed** _____

Office Address _____ **City** _____ **State** _____ **Zip** _____

Office phone Number: _____ **Office Fax Number:** _____

Send To: Data Services
Address: LCJFS 3210 Monroe St., Toledo, Ohio 43606
Office Number: (419) 213-8910
Fax Number: (419) 213-8820

Important: Form due to above address by: _____.

Transportation Worker Name: _____ Phone _____