

FORM TO BE COMPLETED BY A MEDICAL PROVIDER

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 of 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: _____ Birthdate: _____ Gender: _____

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

SSN: _____ Case Number: _____ Phone: _____

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 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 patients physical and mental functioning, is the patient able to take the bus to medical appointments? YES _____ NO _____

Does this Patient use a Power Chair, Scooter or Motorized Wheelchair? YES _____ NO _____
Does this Patient Require Ambulette Services? YES _____ NO _____

Medical Provider's Name (print) Signature Date Signed

Office Address: _____ City: _____ State: _____

Office Phone Number: _____ Office Fax Number: _____

Send To: Medical Support Unit
 LCJFS, 3210 Monroe St, Toledo, OH 43606
 Office: 419-213-8910
 Fax: 419-213-8820