

Special Mobility Services Transportation Request Form
Fax: 1-888-829-9915 or Mail: 3102 East Trent #210, Spokane, WA 99202
Phone 1-509-534-9760 or toll free 1-800-892-4817

Transportation requests require at least two full business days' notice before the date of the appointment.

Requester Information

Name:	Today's Date:
Relation to Client/Facility Name:	
Phone:	Fax Number:

Client Information

Full Name:	Phone:
Personal ID:	Date of Birth:
Complete Address:	Apt #: City:

Client Mobility/Mode Requested

Client Mobility: <input type="checkbox"/> Ambulatory <input type="checkbox"/> Requires Attendant <input type="checkbox"/> Has Own Wheelchair, Size _____
Wheelchair Mobility: Can the client transfer into a vehicle without assistance: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Fuel Voucher/Driver's Name: _____ (Need current license, registration and insurance)
<input type="checkbox"/> Bus Pass – Check the appropriate type: <input type="checkbox"/> Adult <input type="checkbox"/> Youth <input type="checkbox"/> Reduced Fare <input type="checkbox"/> Paratransit
<input type="checkbox"/> Ride

Appointment Information

Date: ____/____/____	Time: ____:____ A P	Duration: _____	<input type="checkbox"/> One-way <input type="checkbox"/> Round-trip
Repeat Appointment Every: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun			
Month (or Dates) Repeat Appointment Should be Scheduled for:			
Reason for Appointment (be specific "checkup" is too vague):			
Facility Name:	Doctor Name:	Phone:	
Street Address:	Suite Number:		
City:	Zip:		
Referring Doctor (For Out of Area Requests):	Phone:		
Comment:			

Additional Appointments (for Monthly Bus Pass, Include ALL Appointments for the Month)

Date	Time	Reason for Visit	Doctor and Facility	Address	Phone
____/____/____	____:____				
Other considerations:					
____/____/____	____:____				
Other considerations:					
____/____/____	____:____				
Other considerations:					
____/____/____	____:____				
Other considerations:					

SMS Response

Comment:
Transportation Reserved: Appointment Date ____/____/____ Pick up time ____:____ A P
Processed By: _____ Date: _____