



NON-MEDICAL TRANSPORTATION REQUEST FORM

This program is funded by the Long Term Care Ombudsman Program and Administered by the North Central Area Agency on Aging (NCAAA)

THIS COMPLETED FORM SHOULD BE FAXED TO MELANIE BERZINS AT NORTH CENTRAL AREA AGENCY ON AGING (NCAAA); 860-251-6107

Name of Nursing Home _____

Address _____

City _____ Zip _____

Phone () _____ Fax () _____

Printed Name/Title of Authorized Nursing Home Staff Initiating this Request

Signature _____

Date of Request _____ Name of Resident _____

Specific Request (provide transport to & from with **date, purpose of trip, and destination**)

Date of Trip _____

Purpose of Trip _____

Destination (address) _____

Three vendor bids obtained? Yes _____ No _____

Mode of Transportation (wheelchair van, car, etc.) _____

Telephone _____

Address of Transportation Provider _____

Exact Cost of Trip \$ _____



This request is being initiated by the nursing home & recognized representative named above on behalf of _____ (name of resident) with the understanding that NCAAA is held harmless from any event associated with this transportation. Furthermore, it is recognized that the only responsibilities of NCAAA is to approve nursing home transportation requests as funds are available and according to priorities, authorize provider transport and pay bills that were specifically authorized in the **amount approved** by NCAAA. In making this request, the _____ nursing home assumes all liability for safety of the resident, departure and arrivals. NCAAA reserves the right to suggest alternate less costly, but appropriate transportation providers.

PRINTED NAMED & SIGNATURE OF REQUESTING RESIDENT AND/OR RESPONSIBLE CAREGIVER

Printed Name

Signature

FAX TO MELANIE BERZINS AT NCAAA: 860-251-6107

APPLICATION WILL BE FAXED BACK TO FACILITY WITH APPROVAL OR DENIAL. IF TRIPS ARE CANCELED, PLEASE CALL MELANIE BERZINS TO CANCEL APPLICATION. 860-724-6443 x221.

Please have transportation providers mail, email or fax INVOICES *within thirty days* to:

Melanie Berzins, Community Choices Counselor
 North Central Area Agency on Aging
 151 New Park Avenue, Box 75
 Hartford, CT 06106
 Phone: 860-724-6443 x221
 Fax: 860-251-6107
melanie.berzins@ncaaact.org

INVOICES RECEIVED MORE THAN 60 DAYS PAST DATE OF TRIP WILL NOT BE PAID

FOR AAA USE ONLY:

REQUEST APPROVED _____ DATE APPROVED _____

REQUEST DENIED _____ REASON _____

AUTHORIZED AAA STAFF SIGNATURE