

NON MEDICAL TRANSPORTATION REQUEST FORM

This program is funded by the Long Term Care Ombudsman Program and Administered by the Connecticut Agencies on Aging

THIS COMPLETED FORM SHOULD BE FAXED TO KATHY CHASE AT SENIOR RESOURCES; 860-886-4736.

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) _____

Name of Transportation Provider _____

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 Senior Resources is held harmless from any event associated with this transportation. Furthermore, it is recognized that the only responsibilities of Senior Resources 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 Senior Resources. In making this request, the _____ nursing home assumes all liability for safety of the resident, departure and arrivals. Senior Resources 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 KATHY CHASE AT SENIOR RESOURCES: 860-886-4736

APPLICATION WILL BE FAXED BACK TO FACILITY WITH APPROVAL OR DENIAL. IF TRIPS ARE CANCELED, PLEASE CALL KATHY CHASE TO CANCEL APPLICATION. 860-887-3561.

FOR AAA USE ONLY:

REQUEST APPROVED _____ DATE APPROVED _____

REQUEST DENIED _____ REASON _____

AUTHORIZED AAA STAFF SIGNATURE _____