

KERN REGIONAL CENTER
TRANSPORTATION EXEMPTION REQUEST REVIEW FOR ADULT AGED CLIENTS

To be completed by Service Coordinator

Date _____ SC _____

Client _____ UCI _____ DOB _____ AGE _____

Eligible Diagnosis _____

Other Diagnosis _____

Is client capable of utilizing public transportation? Yes No If no, complete justification below.

Type of review:

- New Transportation Request
- Annual Review/Purchase Roll Over
- No change in client circumstance that would affect transportation needs since last review dated _____.
- Changes in client circumstance have occurred that would affect transportation needs, see below.

POS SERVICE REQUEST:

Transportation related to Day Program:

- Door to Door transportation **outside** of the client's geographical area:
- Client's home address: _____
- Address of the Day Program: _____
- Is Regional Transit able to provide transportation? Yes No If no, complete justification below.
- Attach cost analysis.

Monthly bus pass for:

- Parent/relative/caretaker to accompany client. Complete justification below.

Monthly bus pass for client AND door to door transportation. Complete justification below.

Transportation for out of county medical appointments: Purpose of the medical appointment(s):

 How is this related to the client's eligible diagnosis: _____

 Rental car **OR** Mileage/gas reimbursement Number of estimated appointments, per year: _____

Describe the exemption based on the extraordinary circumstance(s): _____

TRANSPORTATION COMMITTEE RECOMMENDS THE FOLLOWING:

_____ Approved, SC to prepare new POS.

_____ Additional information needed: _____

_____ Requires medical review. Please forward request to Dr. Huerta.

_____ Denied, SC to send NOIA

- Client is able to utilize public transportation-W&I Code 4648.35.(a)
- Requested transportation modality is not the least costly-W&I Code 4648.35.(b)
- Service request is not related to the client's eligible diagnosis-W&I Code 4646.4(a)(1); KRC Purchase of Service Guidelines, page 1.
- Generic resource available-W&I Code 4648(a)(8), 4644(a)
- Cost-effective use of public resources-W&I Code 4646(a)
- Payor of last resort-W&I Code 4659(a)

_____ Date _____ Date

_____ Date _____ Date

**MEDICAL REVIEW IS REQUIRED
TO BE COMPLETED BY DR. HUERTA**

_____ Approved, SC to prepare new POS. Approval is for _____ number of rentals/reimbursement per year.

_____ Denied, SC to send NOIA

- Service request is not related to the client's eligible diagnosis-W&I Code 4646.4(a)(1); KRC Purchase of Service Guidelines, page 1.
- Generic resource available-W&I Code 4648(a)(8), 4644(a)
- Cost-effective use of public resources-W&I Code 4646(a)
- Payor of last resort-W&I Code 4659(a)

_____ Additional information needed: _____

_____ Recommended follow up: _____

_____ Dr. Huerta _____ Date