

**KERN REGIONAL CENTER
TRANSPORTATION REQUEST REVIEW FOR MINOR AGED CLIENTS**

To be completed by Service Coordinator

Date _____ SC _____

Client _____ UCI _____

DOB _____ AGE _____ Attends school/IDP at: _____

Eligible Diagnosis _____

Other Diagnosis _____

Type of review:

New Transportation Request Parent letter/document attached

Annual Review/Purchase Roll Over

No change in family circumstance that would affect transportation needs since last review dated _____. Previous parent letter/document on file; letter is not older than two years.

Changes in family circumstance have occurred that would affect transportation needs, see below. Parent letter/document attached

Parent letter/document over two years old; see updated letter

What is parent requesting?

IDP Round Trip One Way

Afterschool program Which afterschool program: _____

Round Trip From school to program (One Way) from program to home (One Way) Is the school district able to provide one way transportation? Yes No If no, please explain: _____

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: _____

Monthly bus pass for: Client Parent Purpose of the bus pass: _____

Please provide summary of parent's written statement/letter/ client information:

Current family situation, number of family members including any other persons with disabilities in the household

Behavioral or medical needs (medical appointment, location of medical appointment(s))

Number of cars and drivers:

Distance from parents' home/work and client's school and after school program/IDP/out of town medical facility:

Family Income including SSI benefits, AFDC, food stamps, foster care payment.

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

- Parental Responsibility-W&I Code 4648.35; 4646.4(a)(4)
- 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)
- Responsibility of paid care taker/foster parent. Service is considered to be a basic need of minor child; therefore the responsibilities of the paid care taker/foster parent. See generic resource available, cost-effective use of public resources.

_____ 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

- Parental Responsibility-W&I Code 4648.35; 4646.4(a)(4)
- 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)
- Responsibility of paid care taker/foster parent. Service is considered to be a basic need of minor child; therefore the responsibilities of the paid care taker/foster parent. See generic resource available, cost-effective use of public resources and payor of last resort.

_____ Additional information needed: _____

_____ Recommended follow up: _____

_____ Dr. Huerta _____ Date