DCDJFS Change Transportation Authorization

Case Number	222222222	**Request Date**	1/12/2016	**Transportation Authorization Number**	1888
Customer Last Name	Public	**Customer First Name**	John Q.		
Customer Phone Number	740-833-2300	**Provider**	PROVIDER		
Point Of Origin	465 Paradise Place, Delaware, Ohio 43015				
First Stop					
Destination	See locations below				
Return Site	Same as Point of Origin				
One Way or Round Trip	Round Trip	**Number of Riders (includes Customer)**	2		

********** Use This Section When Trips Are Authorized for More Than Two Weeks or All Trips Are The Same*******

First Trip Date	Last Trip Date	Appt. Time Each Day	Return Time Each Day

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Special Needs	Customer has a folding wheelchair. Customer will need help transitioning into and out of the vehicle
Comments	*** This is a sample trip authorization*** Customer will have an authorized accompanying adult (Jason Public) assisting with going to and from medical appointments. Trip previously scheduled on 1/27/2016 has been CANCELLED.

********** Use This Section When Trip Dates Are Intermittant Or Destinations Are Different **********

Trip Date	Appointment Time	Return Time	Destination
1/18/2016	9:30 AM	10:30 AM	561 West Central Avenue, Delaware, Ohio 43015
1/21/2016	1:30 PM	2:45 PM	6 Lexington Blvd, Delaware, Ohio 43015
1/27/2016	2:00 PM	3:30 PM	TRIP CANCELLED

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Program	NET	**Purpose**	medical appointment	**Fund Source**	Medicaid
Approving Case Worker	Steve Ehrle	**Case Worker Phone #**	740-833-2300		