



2020 Transportation Referral Form

ConnectAbility of MN NPI#1588054068

Client Information

Name	DOB	PMI Number
Address	City	MN Zip Code Phone
Waiver Type	Diagnosis Code	Waiver County

Case Manger Information

Name	County/Agency
Phone	Email

Service Information

Service Start Date	Service End Date	Date referral form is submitted
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Quote Information

If your client is in need of taxi/cab services please fill in to and from address info.

Start from address

To address

Number of trips	One way or Round trip	Wheelchair accessible	Assistance at vehicle
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Weekly or Monthly

<u>Preferred Vendor</u>	<u>Pass Type</u>
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NOTES (if service date different than wavier date please note in comment)

Service Agreement Information

T2003 **Rate/Unit \$1** **Quantity** (provided on quote) will equal monthly service plus monthly admin fee

Admin fee = \$25 per month if monthly service is \$125 or less. 25% monthly if monthly service is over \$125

Return referral form to transportation@ConnectAbilityMN.org For questions call 320-253-0765