



2021 Transportation Referral Form

ConnectAbility of MN NPI#1588054068

Client Information

Date referral form is submitted

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

Case Manger Information

Name	Phone	Email
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Service Information

Service Start Date	Service End Date	Lyft monthly amount
Preferred Vendor	Needs a dedicated Lyft Driver	
Pass Type		

Taxi Information

If your client is in need of taxi/cab services please fill in this section for the quote.

Start from address

To address

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

NOTES

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