Hamilton County Job & Family Services

Adult Medical Facility Requisition

Medical Facility:				
Name:		Phone #:		Today's Date:
Street Address:	City:	State:	Zip:	Contact Name:

Consumer to be Transported:				
Last Name:	First Name:	Middle Initial:	SSN:	Phone:
Street Address:	City:	State:	Zip:	Change: ☐ Yes; ☐ No

Ongoing monthly referrals are to be submitted by the 15th of each month for NET service for the next month. All other requests require five business days' notice for approval.

Check the mode of transportation requested. Cab/van service requires a HCJFS 3130 - NET Medical Certification to meet OAC requirement to provide the most cost effective service which meets the medical needs of the consumer.

☐ Bus Passes:

Can consumer utilize bus passes?
(Both home/facility are on METRO.)
☐ yes ☐ no

- Bus passes are to be utilized if the consumer is able to travel to the facility via METRO transportation
- The consumer will receive appropriate pass(es) via submission of this request.

Appointment Information for bus tickets:

For recurring appointments:			
Days: ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat	Start Date:	End Date:	
Mailing Address:	City:	State:	Zip:

For non-recurring appointments:
Dates needed:

☐ Cab/Van Services:

Transportation Information:		
Pick up/drop off location: (Street Address)		
City:	State:	Zip:
Transport to: (Medical facility)		
Street Address:		
City:	State:	Zip:

Appointment Information for Cab/Van Services:	
Appointment Time:	☐ AM ☐ PM
Days: ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat	
*Return Time:	☐ AM ☐ PM
Start Date:	End Date:
*When designating a return time, factor in any delays that may affect return time because failure to be ready 10 minutes before the designated return time may result in a no-show for the client.	

Provide detail on special schedules: (holidays or other alterations)

To submit:

- Email a separate requisition form for each client to TransportationServices@jfs.hamilton-co.org (subject line "adult medical") or fax to 946-1830.