Form To Be Completed by a Medical Provider ONLY

Lucas County Department of Job & Family Services ◆ 3737 W. Sylvania Ave, Toledo, Ohio 43623

Medical Transportation Needs Assessment

Lucas County Department of Job and Family Services is assessing the transportation requirements of the person named below. Please complete the form based on your records and recent examination of the patient. If a new examination is necessary to complete this form, payment will have to come from Medicaid, Medicare, or personal resources.

Name: _____ Birthdate: _____ Gender: _____

Address: _____ City: _____ State: _____ Zip: _____

SSN: _____ Case Number: _____ Phone: _____

Primary Diagnosis: _____

Prognosis (duration of disability): _____

This form is to determine if the above client can use the bus to and from medical appointments. Please consider the following:

- Can the client walk to a bus stop?
- Stand and wait at the stop (up to 60 minutes)?
- Climb the bus stairs?
- Safely interact with other passengers?

After your assessment of your patients physical and mental functioning, is the patient able to take the bus to medical appointments? YES_____ NO_____

Does This Patient Use a Power Chair, Scooter or Motorized Wheelchair? YES_____ NO _____

Does This Patient Require Ambulette Services? YES_____ NO_____

_____ _____ _____

Medical Providers Name (print) Signature Date Signed

Office Address: _____ City: _____ State: _____

Office Phone Number: _____ Office Fax Number: _____

Send To: Medical Support Unit
LCJFS 3737 W. Sylvania Ave, Toledo, OH 43623
Office: 419-213-8910
Fax 419-213-8820