Homemaker Personal Care (HPC) – WAIVER SERVICE DELIVERY DOCUMENTATION – Geauga County

CONSUMER NAME:

ADDRESS of SERVICE:

MEDICAID #:

PROVIDER:

PROVIDER #:

SERVICE MONTH: YEAR:

DATE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Time In																															
Time out																															
Time In																															
Time out																															
Total # of Units																															
1:1 ratio, unless otherwise noted																															
Supports in Plan Duration / Frequency																															

*ALL SERVICES ARE PROVIDED IN THE PERSON'S HOME UNLESS OTHERWISE NOTED BELOW. R = Refused service. ND = Not Delivered

DATE Service locations if other than home, problems delivering services, refusal, unusual incidents & reasons, etc.

SIGNATURE: _____ **INITIALS:** _____ **DATE:** _____

Prepared by SS 05112016

HPC Transportation – WAIVER SERVICE DELIVERY DOCUMENTATION – Geauga County

CONSUMER NAME: PROVIDER:

ADDRESS of SERVICE: PROVIDER #:

MEDICAID #:

SERVICE MONTH: YEAR:

Date	Starting location address	Destination Addresses	Ending location address	Miles Driven	**1:1 ratio** unless otherwise noted	Staff Initials

DATE Comments, problems delivering services, refusal, unusual incidents & reasons, etc.

SIGNATURE: _____ **INITIALS:** _____ **DATE:** _____

Prepared by Szuch 8/9/16

NON MEDICAL TRANSPORTATION- **Mileage** - DOCUMENTATION – Geauga County

PROVIDER NAME **PROVIDER Contract #**

Vehicle Year, Make, and Model **License Plate**

Items to inspect on each trip	**Date**		**Date**		**Date**		**Date**		**Date**		**Date**		**Date**	
	YES	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**
Windows and mirrors are clean and free of cracks/breaks?														
Seat belts function properly?														
All lights, including headlights and turn indicators, function properly?														
First Aid kit is in vehicle?														
Fire extinguisher is in vehicle and indicates as "good"?														
The horn is working properly?														
Windshield wipers are working correctly?														
Communication system working properly?														
Tread on all four tires is sufficient?														
Test brakes. Are they working properly?														
Emergency equipment (Triangles/flares)														
Secure storage														
At end of trip, have all belongings been removed?														

Fill in for each rider being transported:

Date of service	Individual Name	Medicaid #	Pick up Time	Odometer Start	Drop off Time	Odometer End	Total Mileage	Staff Initials

Date of service	Individual Name	Medicaid #	Pick up Time	Odometer Start	Drop off Time	Odometer End	Total Mileage	

SIGNATURE: _____ Initials: _____

SIGNATURE: _____ Initials: _____

SIGNATURE: _____ Initials: _____

SIGNATURE: _____ Initials: _____

SIGNATURE: _____ Initials: _____

SIGNATURE: _____ Initials: _____

Prepared by AG 05112016

NON MEDICAL TRANSPORTATION- **TRIP*** - DOCUMENTATION – Geauga County

PROVIDER NAME **PROVIDER #** **DATE OF SERVICE**

Vehicle Year, Make, and Model **License Plate** **Start Time** _____ **End Time** _____

Items to inspect on each trip	Yes	No		Yes	No
Windows and mirrors are clean and free of cracks/breaks?			Communication system working properly?		
Seat belts function properly?			Tread on all four tires is sufficient?		
All lights, including headlights and turn indicators, function properly?			Test brakes. Are they working properly?		
First Aid kit is in vehicle?			Emergency equipment (Triangles/flares)		
Fire extinguisher is in vehicle and indicates as "good"?			Secure storage		
The horn is working properly?			At end of trip, have all belongings been removed?		
Windshield wipers are working correctly?			Other		

Fill in for each rider being transported today:

Individual Name	Medicaid #	Individual's Address	Odometer Reading

DRIVER'S SIGNATURE: _____ Initials: _____

***PER TRIP rate billing must be provided in a modified or 9 + passenger vehicle**

Prepared by AG 05/11/16