HPC Transportation – WAIVER SERVICE DELIVERY DOCUMENTATION – Geauga County

CONSUMER NAME: ____
ADDRESS of SERVICE: ____
____
MEDICAID #: ____
RESIDENT #: ____

PROVIDER: ____
PROVIDER #: ____
SERVICE MONTH: ______________________ YEAR: ______________

Date	Starting Point and Destinations	Odometer Start	Odometer End	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 AggieG 05/10/12