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| cid:image002.jpg@01DA9C9B.873348C0 | **Single Passenger Rate****Transportation Request** |

# Instructions for Support Coordinators

Use this request when a community vendor or DDD-approved provider is transporting a single individual during the entire trip, OR when a community vendor, whose sole or primary business is providing transportation to the general public, is transporting one or more individuals receiving DDD-funded transportation services.

1. Identify a transportation provider, complete this form, upload it in iRecord and change plan status to Review (R) for review by the Support Coordination Supervisor (SCS).
2. The SCS reviews the form and the ISP. If no changes are needed, the SCS changes plan status to Service Review (SR), which prompts the item to appear on a DDD staff Due-List for review and determination.
3. The SC/SCS should monitor iRecord for the outcome. (Send inquiries or requests for expedited review to DDD.ServiceApprovalHelpDesk@dhs.nj.gov.)

# Notes

1. The requested rate per mile must be within a reasonable & customary rate.
2. The total cost of the request must match the total cost of the service entered in iRecord.
3. The cost of the service cannot include additional flat or boarding fees. If additional fees exist, they must be approved through a Goods & Services request.
4. DDD policy manuals 17.21.2: Reimbursement for transportation is limited to distances not to exceed 150 miles one way and cannot be used for services where transportation is built into the rate (e.g. Individual Supports Daily Rate and/or Day Habilitation within assigned catchment area).

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| **Identifying Information** |
| Individual: Enter text.DDD ID: Enter text. | Date of request: Enter a date. |
| Support Coordination Agency: Enter text. |
| Support Coordinator: Enter text. | Phone Number: Enter text. |
| **Request Details** |
| Will transportation be used through a ride-hailing app, such as Lyft, Uber, etc.? | Yes [ ]  No [ ]  |
| If Yes, enter the name of the company/app that coordinates payment: Enter text.If No, enter the name of the transportation company/provider: Enter text. |
| What will the transportation be used for?Enter text. |
| Requested rate per mile: Enter text. |
| Total cost of request: Enter text. |
| [ ]   | Please check this box to confirm the transportation service will not exceed 150 miles one way and will not be used for a service where transportation is built into the rate. |
| Is funding for this service available in any other way?  | Yes [ ]  No [ ]  |
| Please explain: Enter text. |