



# MONTHLY SERVICE AUTHORIZATION FORM

Waiver-Funded Transportation Authorization

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Authorization Month/Year: \_\_\_\_\_

Funding Program (NOW/COMP/CCSP/Other): \_\_\_\_\_

## Support Coordinator / Case Manager Information

Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Authorization Details

Service Description	Authorized Units (Trips/Miles)	Authorized Rate	Authorization Period
Specialized Non-Emergency Transportation			

Authorization / Reference Number: \_\_\_\_\_

Authorization Start Date: \_\_\_\_\_

Authorization End Date: \_\_\_\_\_

## Scheduled Destinations Covered Under This Authorization

Destination	Days	Estimated Trips per Month

## Acknowledgment

This form confirms the authorized scope, rate, and period for waiver-funded transportation services described above. Covered Journey Transportation Co. will bill the funding source according to this authorization. Any trips provided outside the authorized scope, units, or



**COVERED JOURNEY TRANSPORTATION CO.**

*Where Every Journey Is Covered With Care*

period are not guaranteed reimbursement and may become the responsibility of the Client Representative unless a new or amended authorization is received in advance.

\_\_\_\_\_  
*Support Coordinator/Case Manager Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Covered Journey Transportation Co. Representative*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Guardian Acknowledgment Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*