Washington State Department of Social & Health Services
Transforming lives

DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)

Non-Emergency Medical Transportation (NEMT) for PASRR Program Request

Washington State Health Care Authority

Date: _____

TO: _____, NEMT Broker FAX Number: (_____) _____

NEMT Broker Look-up: https://www.hca.wa.gov/assets/billers-and-providers/non_emergency_medical_transportation_regional_broker_phone_list.pdf

FROM (DDA Region): _____

Name of PASRR Assessor: _____ Phone Number: (_____) _____

Section 1. Client Information

LAST NAME	FIRST NAME	PROVIDERONE ID NUMBER	DATE OF BIRTH

ADDITIONAL CONTACT	PHONE NUMBER (WITH AREA CODE)	ORGANIZATION
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Will support person ride with the individual? ☐ Yes ☐ No

What is the mobility status of the client (i.e. wheelchair, cane)?

PICK-UP ADDRESS (EXACT ADDRESS / ENTRANCE)

DROP-OFF ADDRESS (EXACT ADDRESS / ENTRANCE)

RECURRING APPOINTMENT	APPOINTMENT START TIME	APPOINTMENT END TIME
☐ Yes ☐ No	: ☐ AM ☐ PM	: ☐ AM ☐ PM

TRANSPORTATION START DATE	TRANSPORTATION END DATE

SPECIAL NEEDS / COMMENTS

Section 2. Certification

☐ Client is Medicaid Eligible.

☐ Client needs transportation to an alternate location to receive PASRR Specialized Add-on Services.

Specialized add-on services (please check all that apply):

☐ Assistive technology
☐ Community Access
☐ Community Guide
☐ Habilitative behavior support and consultation
☐ Habilitative therapy services
☐ Other habilitative services and supplies
☐ Staff / family consultation and training
☐ Supported employment services
☐ Transportation

SIGNATURE DATE	PRINT NAME