DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)

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

Date:

TO: , NEMT Broker FAX Number: ( )

NEMT Broker Look-up: [https://www.hca.wa.gov/assets/billers-and-](https://www.hca.wa.gov/assets/billers-and-providers/non_emergency_medical_transportation_regional_broker_phone_list.pdf) [providers/non\_emergency\_medical\_transportation\_regional\_broker\_phone\_list.pdf](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 | PHON | E NUMBER | (WITH | AREA CODE) | ORGANIZATION |
| ADDITIONAL CONTACT | PHON | E NUMBER | (WITH | AREA CODE) | ORGANIZATION |
| 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 APPOINTMENTYes No | APPOINTMENT START TIME**:** |  | AM | PM | APPOINTMENT END TIME**:** | 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 Staff / family consultation and trainingCommunity Access Supported employment servicesCommunity Guide TransportationHabilitative behavior support and consultation Habilitative therapy servicesOther habilitative services and supplies |
| SIGNATURE | DATE |  |  | PRINT NAME |

**NON-EMERGENCY MEDICAL TRANSPORTATION (NEMT) FOR PASRR PROGRAM REQUEST DSHS 17-230 (REV. 11/2017)**