HCA-New-Logo%20low-rez 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 APPOINTMENT  Yes 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 training  Community Access Supported employment services  Community Guide Transportation  Habilitative behavior support and consultation Habilitative therapy services  Other habilitative services and supplies | | | | | | | | | | | |
| SIGNATURE | | | DATE |  |  | PRINT NAME | | | | | |

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