

Service Record – School Based Specialized Transportation

Medicaid Number	Last Name	First Name	County	School
WVEIS Number	Diagnosis Code	Date of Birth	Month/Year	Vehicle Type Modified

__ T2001 SE – Non-Emergency Medical Transportation – with Bus Aide

__ T2002 SE – Non-Emergency Medical Transportation – without Bus Aide

Up to 4 one-way trips per instructional day. Locations would be school, home, or designated stop (DS). If other than these, indicate the specific location. Driver and aide signatures are only verifying the student's total monthly trips.

Date	Departure Location	Arrival Location	Start Time	Stop Time

Total Trips _____ Total Billable Trips* _____ Total Non-Billable Trips* _____

*District staff completes the total billable and non-billable lines based upon dates the student receives billable services.

Driver Signature/Credentials: _____

Bus Aide Signature/Credentials: _____