

Transportation Needs Assessment Tool

The Department of Vermont Health Access (DVHA) helps people on Medicaid or Dr. Dynasaur without access to transportation get to their Medicaid-billable appointments or pick up prescriptions. This form should not be submitted to DVHA for review. Please provide DVHA with the applicable forms listed under numbers 1-3.

Member Name: _____ DOB: _____ Medicaid ID #: _____

Address: _____

Phone Number: _____ Member Email: _____

1. Does the member or a relative in the household own a vehicle? Yes No
If yes, provide the [Medicaid Vehicle Exception Request](#) form along with the [Transportation Employment Exception Verification](#) form.
2. Does the member live less than 3/4 of a mile from the nearest bus stop? Yes No
If yes, provide the [Public Transportation Medical Exemption Application](#) form.
3. Does the member have a child or children under the age of 6 in your home that will need to accompany them to appointments? Yes No
If yes, provide the [Child Transportation Assistance for Parents to Non-Emergent Medical Appointments](#) form.
4. Does the member require accompaniment to medical appointments? Yes No
If yes, their PCP will need to provide a letter explaining why this is medically necessary.
5. Is this the closest provider available to where the member resides? Yes No
If no, please explain medically why the member cannot be seen by a closer provider: _____

6. Does the member have a history with you? Yes No
If yes, how long? _____

If any of the above documentation is necessary, please have the member's PCP submit them directly to DVHA at the above fax number for review. If no documentation is needed, please have the member call VPTA at 833-387-7200 to schedule their ride.

Print name of Doctor or Doctor's Staff providing information Phone Fax

Signature of Doctor or Doctor's Staff providing information Date