



Door-to-Door Trip Request Form

You may fax or submit online via the portal at: www.hopelink.org/programs/medicaid-transportation/

Hopelink Mailing Address: 14812 Main St., Bellevue, WA 98007

Phone (King County): (800) 923-7433 | Phone (Snohomish County): (855) 766-7433 | Fax: (425) 644-9447

FAX MUST BE RECEIVED BEFORE 5:00PM TWO (2) BUSINESS DAYS IN ADVANCE

CLIENT INFORMATION

| | | | |
|--------------------------------|--|------------------------------------|------------------------------|
| Client Name: | | Client Provider One Number: | (May substitute with D.O.B.) |
| Contact/Requestor Name: | | Phone Number: | |

ASSISTANCE NEEDS

Is the client able to travel to and from their appointment independently?* Yes: ☐ No: ☐

*If you answered "No" to the above question the client or caregiver must arrange to have an attendant provided

Total Number of Riders: _____ (More than 3 riders may limit the transportation resources available and result in service delays)

Does the client use a wheelchair/scooter?* Yes: ☐ No: ☐ **If yes, what size?*** Standard: ☐ XL: ☐

*Standard sized wheelchair is 48" x 30" measured wheel to wheel

Other client mobility needs: _____
(Ex: Can transfer unassisted from wheelchair into sedan / visually impaired / car seat / booster seat / etc.)

APPOINTMENT INFORMATION

Medical Reason (please provide a brief description): _____

| | | | |
|---|--------------------------|----------------------------------|---------------------|
| Starting Address: | | | |
| Facility Address: | | | |
| Facility Name: | | Entrance: (if applicable) | |
| Is the service billable to Medicaid (Title 19)? Yes: <input type="checkbox"/> No: <input type="checkbox"/> | Facility Phone #: | | |
| Appt. Date: (mm/dd) | | Appt. Time: | Return Time: |
| Confirmation Phone #: | | Confirmation Fax #: | |

CONFIRMATION INFORMATION *(To be completed by Hopelink Staff)*

Was the request completed?: Yes: ☐ No: ☐ **Hopelink staff initials:** _____ **Date:** _____

Comments: _____

Scheduled pickup time: _____ **Scheduled return time:** _____