



Door-to-Door Repeat 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 #: | | | | |

Date Range: Please use mm/dd - mm/dd format

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Appt. Time: |
| Return Time: |

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: _____

This form is only for standing orders. These are appointments that happen every week on the same day and at the same time. If this doesn't fit your situation, please use the [Door-to-Door Trip Request Form](#).