

Self-Directed Transportation Purchase Request Form



Date of Request: _____

Participant Name: _____

Description and Details of Transportation Purchase Requested (include which month it is for):

Type of Transportation Purchase Being Requested (Uber Card, Bus Tickets, etc.): _____

Preferred Vendor and Vendor Contact Information (Uber, Lyft, etc.): _____

Quantity Requested (5 tickets, 1 card, etc.): _____

Cost per Quantity (ride, ticket, etc.): \$ _____

Total Cost of Transportation (including all taxes and fees): \$ _____

Preferred Method of Receipt (shipped to home, local pick up, etc.): _____

Date I would like to Receive the Purchase By: _____

**Please allow approximately two weeks for processing*

By signing below, I am stating that I understand the rules and regulations set forth by Ohio DODD for utilizing ground transportation available to the public under Self Directed Transportation. I understand that services must be specified in my individualized service plan and authorized in PAWS before submitting this request form. I understand that rates for the items requested on this form must be the usual and customary rates as to all public users. I understand and attest that I have reviewed all items noted in DODD Rule 5123-9-26, I have this outlined in my ISP and it has been authorized by my SSA, and my purchase request meets all the requirements, including that I have verified the cost of the item or service is the vendor's usual or customary charge.

By signing below, I hereby attest that, when using electronic signatures for purposes of submitting service documentation, or other document authenticating, acknowledging, or otherwise adopting my signature that appears in typed form within an electronic document is the legal equivalent of my manual signature.

Participant Signature: _____

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