

SPECIALIZED TAXI / FAMILY VEHICLE TRANSPORTATION SERVICES FORM



Medicaid Policy:

Districts may obtain partial reimbursement for the costs associated with Specialized Taxi / Family Vehicle trips when:

- Transportation by taxi or family vehicle is specifically spelled out in the IEP or equivalent document **OR**
- Transportation by taxi or family vehicle is specifically spelled out in documentation from the physician treating the student **OR**
- Transportation by taxi or family vehicle is specifically spelled out in documentation from a school provider treating the student

The transportation services form must identify the reason taxi or family transportation is required.

- When completing this form for a taxi, the Additional Statement section is required.

Justification for SPECIALIZED TAXI / FAMILY VEHICLE Transportation:

DATE: _____

STUDENT'S NAME: _____ BIRTHDATE: _____

ADDRESS: _____ PHONE: _____

SCHOOL: _____ RESIDENT DISTRICT: _____

- The student's medical condition requires daily Taxi transportation services
- The student's medical condition requires daily Family Vehicle transportation services

Additional statement justifying the need for a Taxi and the reason other less costly means of transportation cannot be used:

Physician or School Provider statement regarding the need for taxi or family vehicle transportation

- Requires transportation due to IEP/IFSP Placement (Act 18/Center Program)
- Student Safety
- Other _____

Signature: _____

Date: _____

- The department that assigns Taxi / Family Vehicle transportation services should keep special education in the loop.
- When the student's IEP does not speak directly to specialized taxi / family vehicle transportation, either special education or the business office will need to complete this form.
- **Because Medicaid services are subject to state, federal and ISD audits, please keep form for SEVEN years.**