**Service Record – School Based Specialized Transportation**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Medicaid Number | Last Name | First Name | County | School |
|  |  |  |  |  |
| WVEIS # | Diagnosis Code | Date of Birth | Month/Year | Vehicle Type |
|  |  |  |  | **Modified** |

\_\_T2001 SE – Non-Emergency Medical Transportation – with Bus Aide.

 T2002 SE – Non-Emergency Medical Transportation – without Bus Aide.

 (Up to 4 one-way trips per instructional day.) Locations would be school, home, or designated stop (DS). If other than these indicate the specific location. Driver and aide signatures are only verifying the student’s total monthly trips.

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| --- | --- | --- | --- | --- |
| Date  | Departure Location | Arrival Location | Start Time | Stop Time |
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Total Trips Total Billable Trips Total Non-Billable Trips

\*District staff completes the total billable and non-billable boxes based upon dates the student receives billable services.

Driver Signature: Driver Credential:

Bus Aide Signature: Bus Aide Credential: