

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.

Date	Departure Location	Arrival Location	Start Time	Stop Time

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: _____