



2019-2020 Non-Contracted Metro Transit Waiver Transportation Referral Form

Referral Form Submission Date: _____

Case Manager Information-

Case manager: _____ Agency: _____ Phone: _____ Email: _____

Client Information-

Individual: _____ DOB: _____ PMI: _____ Phone Number: _____

Address: _____ City: _____ State: MN Zip Code: _____

County: _____ E-Mail: _____

GO TO Card Service Request-

Type: _____

GO TO Card Serial Number: _____

Renewals/Changes: Serial Number to be completed by Case Manager.

Monthly Stored Value of:

Fixed Route Pass Type:

Comments:

Billing Information -

SA Number: _____ Service Dates: _____ to _____

Program: _____ Program Required – Case Manager to obtain SA information via SSIS/MMIS

Authorization Calculation:

Monthly Authorized Amount: _____ + Monthly Admin Fee: \$25 = Total Monthly Amount: _____ x Number of Months: _____ = Total: _____

Instructions to Case Manager:

This referral for is **REQUIRED** for each initial request, annual renewal, mid-year change or card replacement request.

- This form is to be submitted via email to UCP of Central MN using secure email to transportation@ucpcentralmn.org
- GO TO Card deposits will be completed on approximately the 5th of each month
- Service Agreement requests to the Case Aides should include:
 - Service Frequency: monthly deposit amount + admin fee
 - HCPC: T2003 UC
 - Provider: United Cerebral Palsy, NPI: 1588054068
 - Unit Amount: \$1.00

Contact transportation@ucpcentralmn.org or call us at 320-253-0765 for more information.