



# 2019-2020 Anoka County 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: \$11 = 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](mailto:transportation@ucpcentralmn.org)
- GO TO Card deposits will be completed on approximately the 5<sup>th</sup> 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](mailto:transportation@ucpcentralmn.org) or call us at 320-253-0765 for more information.