# ADCS - TRANSPORTATION REQUEST

**Request Date:** _____ **Site Code:** Select Here **Referral Region:** Select Here **Transport Date / Day:** _____

**Recurring Trip:** Su Mo Tu We Th Fr Sa **Specify End Date (within 30 days of start date):** _____ **CM Supervisor:**

**Case Manager:** **Email:** **Phone:**

**Transport Reason and Special Instructions:**

**Attendant Required:** No *Attendant for special needs or circumstances requiring direct supervision

**Transport reasons are ONLY for transportation not otherwise contracted by a provider of another service, ONLY to be provided with APM or Supervisor signed approval

| Case # | Participant # | Participant | | Date of Birth | Child Seat # | Transport Type (select) | Notes / Comments | | |
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| | | Last | First | | | | | | |
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| PICK UP | | | | | | | | |
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| Time | Address Number / Street | Apt / Ste | City | Phone# | Contact | Signature | | |
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| DESTINATION | | | | | | | | |
| Time | Address Number / Street | Apt / Ste | City | Phone # | Contact | Signature | | |
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| RETURN PICK UP | | | | | | | | |
| Time | Address Number / Street | Apt / Ste | City | Phone# | Contact | Signature | | |
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| RETURN DESTINATION | | | | | | | | |
| Time | Address Number / Street | Apt / Ste | City | Phone # | Contact | Signature | | |
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Provider Requested: American Pony Express

Provider Phone / email: Phoenix: (602) 286-6691 Tucson: (520) 888-2996

E-mail: Dispatch@amponyexpress.com

Fax: (602) 427-5137

Print

Case Manager Signature: _____

APM / Supervisor Approval: _____

**Print, Sign, and Fax/E-mail to American Pony Express. A representative will follow-up shortly.**