HPC Transportation – WAIVER SERVICE DELIVERY DOCUMENTATION – Geauga County

CONSUMER NAME: _____ PROVIDER: _____

ADDRESS of SERVICE: _____ PROVIDER #: _____

MEDICAID #: _____

RESIDENT #: SERVICE MONTH: YEAR: _____

Date	Starting Point and Destinations	Odometer Start	Odometer End	Miles Driven	LICENSE PLATE:	Staff Initials

DATE Comments, problems delivering services, refusal, unusual incidents & reasons, etc.

SIGNATURE: _____ **INITIALS:** _____ **DATE:** _____

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