



## Care Coordinator / Care Navigator Ride Entry Form

To ensure members transportation requests are scheduled timely and accurately, please complete this form. Please allow **3 business days** for the ride request to be completed or **14 Days** to receive a bus pass. You may email completed forms to [Health\\_ride@ucare.org](mailto:Health_ride@ucare.org). **Once the ride has been completed, you will receive an email notification. For questions, please contact UCare Transportation at 612-676-6830 or 1-800-864-2157 or by email at [Health\\_ride@ucare.org](mailto:Health_ride@ucare.org).** Reminder: ***Incomplete forms may be sent back for more information.***

Care Nav/Coordinator Name:	Agency:	Date:
Care Nav/Coordinator phone #:	Fax #:	Email:

Member Name:	DOB:	UCare ID # or PMI:
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### Transportation Type

- Metro Mobility Go-To-Pass
- Bus Pass (Single Pass)
- Bus Pass (Stored Value) 4 or 5 Rides
- Bus Pass (31 Day Unlimited Ride)
- Health Ride – Common Carrier
- Health Ride – Special Transportation

### Appointment Type

- Medical
- Chiropractic
- Dental
- Dialysis
- Mental Health
- Methadone
- Pharmacy
- Other \_\_\_\_\_

### Ride Details

Date of Ride(s)	
Time of Appointment(s)	
Number of Passengers (Family/Friend or PCA)	
Phone Number	
Pick Up Address (Ex. Home Address)	
Appointment Destination (Ex. Hospital or Clinic)	
Does the member require assistance or use any mobility aids?	

Additional comments –

If member needs a car seat or to go to an additional appointment or pick up a prescription, please place comments.