



Cuyahoga County
Together We Thrive

Department of Health and Human Services
Division of Senior and Adult Services
Financial Services: Net Transportation Unit

Appointment Verification Form

Patient: (Please provide the following information)

Please print or type

1. Patient's Case or Social Security Number: _____	Date of Birth: __/__/__
2. Patient's Name _____	
3. Patient's Home Address _____	
City _____	State _____ Zip _____
4. Patient's Telephone Number (_____) _____	

Physician's Office: (Please complete and **return at least 10 days before next appointment**)

1. Is the patient able to use public transportation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Specifically describe the patient's mental and physical condition below:		

3. Provide medical appointment date(s) and time(s): (Only complete one form per month) <i>(more than 15 appointments, please complete a second form)</i>		
Date: _____ Time: _____	Date: _____ Time: _____	Date: _____ Time: _____
Date: _____ Time: _____	Date: _____ Time: _____	Date: _____ Time: _____
Date: _____ Time: _____	Date: _____ Time: _____	Date: _____ Time: _____
Date: _____ Time: _____	Date: _____ Time: _____	Date: _____ Time: _____
Date: _____ Time: _____	Date: _____ Time: _____	Date: _____ Time: _____
4. Provide medical appointment address:		
Medical Facility _____		
Address _____		Phone No. _____
City _____	State _____	Zip _____
5. Physician/Assistant/Secretary or Social Worker's signature:		
_____ Signature PRINT WORKER'S NAME HERE		_____ Date
6. Physician's Information: _____		
Name _____		
Address _____		
City _____	State _____	Zip _____



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Date: _____

To Whom It May Concern:

Please have your doctor complete the Appointment Verification form on the back of this letter. The actual dates and times of your appointment (s) for the month of _____ must be indicated before transportation can be provided. This form must be completed and returned to this office at least ten (10) business days before your next appointment.

This form can be mailed to the address below, faxed to (216) 987-7045 or emailed to CuyahogaNET@jfs.ohio.us

Thank you.

Sincerely

Cuyahoga County – HHS – Financial Services