



## Care Coordinator / Care Navigator Ride Entry Form

To ensure members transportation request are scheduled timely and accurately, please complete this form. Please allow **3 business days** for the ride request to be completed. 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 Navigator/Coordinator Name:	Agency:	Date:
Care Navigator/Coordinator Telephone #:	Fax #:	Email:

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

- Metro Mobility Rush
- Metro Mobility Non-Rush
- Bus Pass (single pass)
- Bus Pass (stored value) 4 or 5 rides
- Bus Pass (31 day unlimited rides)
- Health Ride - Common Carrier
- Health Ride - Special Transportation
- To-Go Pass (Metro Delegates only)

### Appointment Type

- Chiropractic
- Dental
- Dialysis
- Mental Health
- Methadone
- Pharmacy
- Other (Medical)

### 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.*