

Metro Move Contact:
Metro Move (Phone):
651-602-1618
Sheila Holbrook-White (E-Mail):
sheila.holbrook-white@metc.state.mn.us
MetroMove@metc.state.mn.us

CFR (County): Choose an item.		Funding Sources: completed by Metro Move staff		Waiver: TBI <input type="checkbox"/> DD <input type="checkbox"/> CADI <input type="checkbox"/>	
Other:		PMI (8-digits):		Ambulatory: Yes <input type="checkbox"/>	
				Non-Ambulatory: Choose an item.	
				PCA Yes <input type="checkbox"/>	
Electronic Account Set Up: Yes <input type="checkbox"/> No <input type="checkbox"/>			Account Set-Up Date: Click or tap to enter a date.		
Name of the individual completing this form			Relationship of the individual to the client		
Phone Number			Email		
Case Manager with whom this request has been discussed			Case Manager Email		
Name					
Phone Number			Date of Discussion: Click or tap to enter a date.		
Client Name:	Last	First	Preferred Name		
Phone Numbers:	Home	Mobile	Work		
Trip Destination:	Waiver Service/DSS <input type="checkbox"/> Community Activity <input type="checkbox"/> Employment <input type="checkbox"/>				
GO Trip:					
Pick-Up Address: Private Home <input type="checkbox"/> Single Family <input type="checkbox"/> Multi -Family <input type="checkbox"/> Manu. Hsg <input type="checkbox"/>	Street Address 1				
	Street Address 2				
	City			Zip Code	
Special Instructions:					
Pick Up Location <small>(example:Lifeworks):</small>					
Drop-Off Address:	Street Address 1				
	Street Address 2				
	City			Zip Code	
Special Instructions:					

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Days of Service:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appointment Time: A.M.	Click or tap to enter a time	Click or tap to enter a time	Click or tap to enter a time	Click or tap to enter a time	Click or tap to enter a time	Click or tap to enter a time	Click or tap to enter a time

RETURN Trip:							
Pick-Up Address: Private Home <input type="checkbox"/> Single Family <input type="checkbox"/> Multi -Family <input type="checkbox"/> Manu. Hsg <input type="checkbox"/>	Street Address 1						
	Street Address 2						
	City					Zip Code	
Special Instructions:							
Drop-off Location Name (example:Lifeworks):							
Drop-Off Address:	Street Address 1						
	Street Address 2						
	City					Zip Code	
Special Instructions:							
Days of Service:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appointment Time:	Click or tap to enter a time	Click or tap to enter a time	Click or tap to enter a time	Click or tap to enter a time	Click or tap to enter a time	Click or tap to enter a time	Click or tap to enter a time

Things we should know:							
-------------------------------	--	--	--	--	--	--	--

Contact Info: Name	Relationship	Phone	E-Mail

	Case Manager		

<i>Entered By:</i>	First	Last	Title
--------------------	-------	------	-------

Instructions for submitting a Service Request Form:

1. **Passenger information:** Please fill out all the information listed in this section.
2. **Transportation Needs:** This information helps us appropriately assess your transportation needs in placing the standing order.
3. **Days of the week:** Circle the days of the week that you need the recurring trip(s). You must use the service for the same days every week. Comment: this doesn't seem very clear to me but I'm not sure how to succinctly say it must be the same each week but can be different on a Wednesday versus a Thursday.
4. **"Go Ride" trip (your ride destination):** Provide the complete address and telephone numbers for both the pickup and drop-off locations. If the address can be identified with a location name such as "Target" or "Lifeworks" please include that information under "Location Title".
5. **Requested Time:** This is the time you would like to get picked up. If you have a time when you must arrive at your destination, please enter it as an "appointment time." (For example, a work or program start time.)

Note: An appointment time means we will do our best to make sure you arrive at your destination NO LATER than that time. Please allow yourself time to get from the front door of your pickup location to your final destination within the building.

Example: If your start time for work is 8 a.m., you may want to put a 7:45 a.m. appointment time to give yourself time to get in and settle before 8 a.m.

6. **Return Ride Trip:** Provide the complete address and telephone numbers for your drop-off location. The requested time is the time that you want to be picked up at your destination.

Once you've filled out the form, send it to Metro Move by email.

Email: metromove@metc.state.mn.us

When reviewing your Service Request Form, Metro Move may attempt to negotiate times that are slightly different from your requested time rather than denying your request. This will be done to accommodate the needs of as many riders as possible on our shared-ride system while maintaining a quality service. You do not need to accept proposed alternative pick-up or appointment times.

After we confirm that we can provide service that meets your schedule you will work with your assigned case worker to complete the necessary waiver service authorization form. Metro Move will hold your requested service in the system for up to three weeks to allow processing of the service authorization. Once the service authorization is complete Metro Move can begin providing your service. If we are not able to meet your service request we encourage you to try again monthly.

If you have questions about completing the Service Request Form, call Metro Move at 651-602-1900. If you have questions about the status of a submitted request, contact Metro Move at either metromove@metc.state.mn.us or 651-602-1900.