

## **Service Request Form**

## **Metro Move Contact:**

Metro Move (Phone): 651-602-1618

Sheila Holbrook-White (E-Mail): <a href="mailto:sheila.holbrook-white@metc.state.mn.us">sheila.holbrook-white@metc.state.mn.us</a>

MetroMove@metc.state.mn.us

CFR (County): Choose an item. Other:		Funding Sources: completed by Metro Move staff		ve staff	Waiver: TBI □	DD □ CADI □	
PMI (8-digits):		Ambulatory: Yes □		Non-Ambulatory: Choose an item. PCA Yes			
Electronic Account Set Up: Yes 🗆 No 🗆			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 Name			Case Manager Email				
Phone Number				Date of Discussi	on: Click or tap to er	nter a date.	
Client Name:	Last		First		Preferred No	ame	
Phone Numbers:	Home		Mobile		Work		
	Waiver Service/DSS □ Community Activity □ Employment □						
GO Trip:							
Pick-Up Address: Private Home ☐ Single Family ☐ Multi -Family ☐ Manu. Hsg ☐	Street Address 1						
	Street Address 2						
	City				Zip Code		
Special Instructions:							
Pick Up Location (example:Lifeworks):							
Drop-Off Address:	Street Address 1						
	Street Address 2						
	City				Zip Code		
Special Instructions:							

Days of Service:	Monday	Tuesday	W	ednesday	Thursday	Friday	Satu	ırday	Sunday	
Check the box at the top for an AM pickup										
Click the box at the bottom to input your pickup time										
RETURN Trip:										
Pick-Up	Street Address 1									
Address: Private Home □ Single Family □ Multi -Family □ Manu. Hsg □	Street Add	Street Address 2  City Zip Code								
Special Instructions:							<u> </u>			
Drop-off Location (example:Lifeworks):	on Name									
Drop-Off	Street Add	Street Address 1								
Address:	Street Address 2									
	City						Zip Code			
Special Instructions:										
Check the	Monday	Tue	sday	Wednesday	/ Thursdo	ıy Frido	ay Sa	turday	Sunday	
small box										
below the day for an AM time  Click box at the bottom to enter time										
Things we should know:										
Contact Info: No	ame			Relationsh	ip	Phone		E-Mail		
Contact IIIIO. No					· r~	1110110		LIVIGII		
				<u> </u>						

		Case Manager		
Entered By:	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 <a href="metromove@metc.state.mn.us">metromove@metc.state.mn.us</a> or 651-602-1900.