Department of Job and Family Services
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866.351.8292 *Fax*
SummitDJFS.org

E-mail your documents/verifications
SummitE-Docs@JFS.Ohio.gov

Reset Print

Non-emergency Transportation (NET)

Needs Assessment

Summit County Department of Job and Family Services is assessing the transportation requirements of the person named below. Please complete the form based on your records and recent examination of the patient. (If a new examination is necessary to complete this form, payment will have to come from Medicaid, Medicare, or personal resources).

Applicant's name

TO BE FILLED OUT BY MEDICAL PROFESSIONAL (PLEASE PRINT LEGIBLY). APPLICATIONS WILL BE REJECTED IF ANY AREA IS FILLED OUT BY APPLICANT.

Is this disability permanent? ☐ **Yes** ☐ **No** *If no, what is the anticipated duration (in months)?* _____

Please check all that apply to the applicant:

☐ No disability that prevents the use of regular line/fixed-route bus access.

☐ Able to walk independently.

☐ Able to walk; negotiates changes in grades with difficulty/insecurity.

☐ Able to walk; negotiates grade changes with difficulty/insecurity and uses a mobility device.

☐ Visual or auditory condition that causes difficulty or insecurity.

☐ Mental or psychological condition that causes difficulty or insecurity.

☐ Unable to walk; able to use a wheelchair independently.

☐ Unable to walk or make use of a wheelchair without assistance.

☐ Other:

_____

_____

I recommend this individual for the following service:

☐ **Curb-to-curb services** ☐ **I do not recommend this individual for service at this time.**

I, the undersigned medical professional, certify that the above-mentioned client is prevented from accessing METRO fixed-route/line service due to disability/impairment and should be considered for curb-to-curb services. By signing this, I agree to the validity of the information presented in this application.

Agency/organization

Name *(print)*

Address

Title

City, state, ZIP code

Telephone

Fax number

Signature

Date

Knowingly providing fraudulent information on this application may result in loss of current and/or future service.

Distribution: Client, case file

CORR – Verification Requests