

Perry County JFS Non-Emergency Medical Transportation Request Form

Date of Request:

First Name: Client Being Transported				Last Name: Client Being Transported			
Requester's Name:				Agency/Phone #:			
Case # if Known:				Social Security #:			
Client Address/ Address to be Picked Up at				Attendant/Children			
Client Phone #:				Wheelchair/Walker?			
Date	Arrival Time	Length of Visit	Physician/Facility	Appointment Address (Please specify location. Example: Children's Hospital has several locations. Which one?)			
Notes:							

Return form to Perry JFS
 Email: perryss@jfs.ohio.gov
 Fax: 740-342-5491
 or In-Person at: 5250 State Route 37 E, New Lexington, Ohio 43764



Amy L. Frame, Director