L.O.N.

Level of Need Assessment Form

Facility Fax:

Dear Health Care Professional:

Our office has received a request for non-emergency medical transportation for a Wisconsin Medicaid or BadgerCare Plus member. This form will be used to determine the patient's most appropriate mode of transportation based on his or her functional abilities and limitations, including whether this individual is able to use public transportation. Your role in completing this form is critical to ensure patients receive the correct mode of transportation. Please fill out this Level of Need Assessment (LON) form legibly and completely, providing any supporting information as needed.

Patient Info	First Name:	Last Name:	Date of Birth:
	ForwardHealth ID #:	Phone #:	
	Address:	City:	State: / Zip:
Physical Abilities and Equipment	Can patient ambulate for up to a 1/2 mile (with or without the use of any assistive devices) ? ☐ Yes ☐ No		
	Does patient use any of the following assistive devices or utilize equipment that impairs mobility? ☐ Walker ☐ Crutches ☐ Cane ☐ Portable Oxygen ☐ Service Animal ☐ Manual Wheelchair ☐ Electric Wheelchair ☐ Medical Leg Brace ☐ Other ____________		
	Does patient require assistance of trained personnel in order to effectively use the assistive devices? ☐ Yes ☐ No		
	Can patient self-transfer from wheelchair into vehicle? ☐ Yes ☐ No		
	Can patient stand for a prolonged period of time? ☐ Yes ☐ No		
	Do environmental factors like heat, cold, or weather affect the patient's mobility to where they would not be able to use a particular mode of transportation during certain seasons? ☐ No ☐ Yes (must explain):		
Cognitive/ Sensory Abilities	Does the patient have problems with alertness, memory issues, sensory issues, or confusion that would limit their ability to use a certain mode of transportation? ☐ Yes ☐ No	**Mental and Behavioral Health**	Does the patient have any mental/behavioral health limitations that would affect the member's transportation ☐ Yes ☐ No
Assistance Learning	Veyo offers training to members who need assistance learning how to navigate the public transportation system. Would this member benefit from one-on-one training on how to use public transportation? ☐ Yes ☐ No		
Diagnosis and Transport Info	Diagnosis and description that supports transportation limitations, such as high-risk pregnancy, recent surgery or hospitalization, etc. (MUST PROVIDE, if applicable):	Transportation limitation is: ☐ Temporary through (date): ________ ☐ 1 month ☐ 3 months ☐ 1 year ☐ 3 years	
	If patient is pregnant, what is the expected due date? ____________		
Additional Comments:			
Health Care Professional Info	Printed name and credentials:	Phone #:	
	Signature:		

Questions? Please call Veyo at 866-907-1493.

Please fax this completed form to: **888-506-7708, ATTN: Clinical Coordinator**

This form must be received no less than two business days prior to the appointment to ensure the appropriate mode of transportation.