

English: For help to translate or understand this, please call **866-907-1493** (TTY).

Spanish: Si necesita ayuda para traducir o entender este texto, por favor llame al teléfono **866-907-1493** (TTY).

Russian: Если вам не всё понятно в этом документе, позвоните по телефону **866-907-1493** (TTY).

Hmong: Yog xav tau kev pab txhais cov ntaub ntauv no kom koj totaub, hu rau **866-907-1493** (TTY).

Laotian: ພ້ອມຊ່ວຍໃນການແປ ຫລື ເຂົ້າໃຈເນື້ອຫາໃນນີ້, ກະລຸນາໂທລະສັບຫາ **866-907-1493** (TTY).

[Date]

Parent/Guardian of: [First Name] [Last Name]

[Street Address]

[City, State, Zip Code]

Subject: Transportation to a Day Treatment or Center-Based Behavioral Treatment Program.

As a follow up to the reservation that you or someone on your behalf made for a child in your care to be transported to a Day Treatment **or Center-Based Behavioral Treatment** Program, please complete and return the enclosed Parental Consent form. The child in your care **cannot get a ride to the Day Treatment or Center-Based Behavioral Treatment Program without an adult escort until this form has been completed and returned.** This form allows Veyo to arrange transportation for the child in your care without a parent or caregiver accompanying them.

Please note:

- This is a shared ride service. For rides to Day Treatment **or Center-Based Behavioral Treatment** there will be other children going to the same facility riding in the vehicle.
- If your child requires a car seat or booster seat, it is your responsibility to provide one for the rides and install it in the vehicle.
- You must have your child ready for pickup on time.
- An adult (18 years or older) must be present at time of drop-off.
- You must contact Veyo immediately at (866) 907-1493 if your child will be absent or if there is a change in address for pickup or drop-off.

Mail or fax the completed and signed form to Veyo at:

Mail: Veyo, Attention: Clinical Coordinator Department, 8383 Greenway Blvd, Suite 400, Middleton, WI 53562

Fax: (888) 506-7708



Parental Consent Form

1. I, _____ residing at _____ (address)

hereby affirm that I am the legal parent or guardian of the following minor child.

Home Phone: _____ Cell Phone: _____

Child's Full Name: _____ Child's Age: _____

Child's Date of Birth: _____ Child's ForwardHealth ID Number: _____

I give Veyo permission to arrange rides for my child without an adult escort to and from their Medicaid and BadgerCare Plus appointments.

2. _____ (name of child) is fully capable of being transported without an adult escort and will follow all rules communicated by the driver. I understand that if my child does not follow the rules, Veyo will no longer transport my child without a parent or caretaker. I also understand that this is a shared ride program; therefore other members may also be traveling with my child.

3. I agree to ensure that _____ (child's name) will be ready for their pickup for their trip to their appointment and will be able to get themselves to the specified pickup location at the scheduled time.

4. I agree to inform Veyo if there are changes or cancellations to my child's appointments or the locations for pick up or drop off. In addition to myself, I authorize the following persons to make changes to my child's rides.

(Please provide names, relationship, and contact information)

5. I agree to contact Veyo within 48 hours if for any reason I cease being the legal parent or guardian of _____ (name of child) and to inform Veyo of the name and address of the new legal parent or guardian. I will cancel unescorted rides that were to occur under this consent during any time after I cease being the legal parent or guardian.

6. This Parental Consent Form goes into effect when I sign it. I understand it will stay in effect until I write to Veyo and ask that this agreement is canceled or until someone else with authority writes and asks that the agreement is canceled.

Signature of Parent or Guardian _____

Printed Name of Parent or Guardian _____

Relationship to Child _____ Date _____

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