

# Service Record – Specialized Transportation

Medicaid Number		Last Name		First Name	
Date of Birth		Diagnosis Code		School	
County	Beginning Date	Ending Date	Proc. Code	Units	
			T2002		
	Beginning Date	Ending Date	Proc. Code	Units	
			T2001		

**SPECIALIZED TRANSPORTATION – VEHICLE T2002** Once per day (round-trip)  
**AIDE T2001** Once per day (round-trip)

**DESCRIPTION:** Services include transportation to and from necessary medical care, when a child’s medical or behavioral needs require use of specialized transportation services, including specially-equipped (i.e. short bus; multi-passenger van; wheelchair equipped). A regular bus that is modified (i.e. seatbelt/harness) must also have a Specialized Transportation Aide.

**QUALIFIED PROVIDERS:** Services are furnished by providers who meet the qualifications established by the Medicaid agency and Department of Education or the Local Education Agency.

**MUST BE IDENTIFIED ON IEP:** Yes

**REQUIRES PHYSICIAN AUTHORIZATION:** No (Identified on the IEP)

**OTHER/MISC:** N/A

**Check dates for specialized transportation (vehicle).**

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total	
Transportation Vehicle																																	

**Check dates for specialized transportation (aide).**

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
Transportation Aide																																

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*Signature*

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*Date*