



THE HSC HEALTH CARE SYSTEM

Health Services for Children
with Special Needs, Inc.



Parent/Guardian of:
HSCSN Enrollee

Subject: **Unaccompanied Enrollees**

You recently booked transportation through Verida. The booking is for a Health Services for Children with Special Needs, Inc. (HSCSN) “Enrollee”. The next form confirms that the Enrollee does not need an escort, parent, or guardian. **It must be completed and returned to Verida before the trip.**

Please note:

- This is a shared-ride service. This means there may be other passengers riding with the Enrollee. That may include children or adults with developmental disabilities going to the same place.
- If the Enrollee needs a car seat or a booster seat, you must provide one.
- The Enrollee must be ready for pick-up on time.
- Contact Verida immediately if the Enrollee is absent or if the pick-up or drop-off address changes. You can call Verida at 866-991-5433.

Please mail the completed and signed consent form to the location at the bottom of the page. You can also email a copy to carenavigation@hschealth.org.



UNACCOMPANIED ENROLLEE TRANSPORTATION CONSENT FORM

Information & Signature

Full Name of Enrollee:	Enrollee or Parent/Legal Guardian's Home/Cell Phone #:
Enrollee's Date of Birth:	Today's Date:
Enrollee's Medicaid ID#:	
Signature of Enrollee or Parent/Legal Guardian:	Printed Name of Enrollee or Parent/Legal Guardian:

Consent and Waiver

1. I confirm that I am the Enrollee listed above, or the parent / legal guardian of the Enrollee listed above. I confirm the information on this form is correct.
2. Verida can schedule non-emergency medical transportation ("NEMT") services for the Enrollee. The Enrollee can or has permission and the cognitive skills, and physical abilities to ride with a NEMT provider without an escort, parent, or guardian.
3. I confirm the following:

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Does someone have guardianship of the enrollee?
<input type="checkbox"/>	<input type="checkbox"/>	Does the enrollee have an intellectual disability or limited ability to make decisions for himself/herself?
<input type="checkbox"/>	<input type="checkbox"/>	Does the enrollee have a Behavior Support Plan (BSP)?
<input type="checkbox"/>	<input type="checkbox"/>	Does the Enrollee need emotional or any other type of support from an escort?
<input type="checkbox"/>	<input type="checkbox"/>	Can the enrollee communicate with the driver or others about their needs?
<input type="checkbox"/>	<input type="checkbox"/>	Has Enrollee been disruptive on previous rides?
<input type="checkbox"/>	<input type="checkbox"/>	Will the Enrollee follow all rules given by the driver?
<input type="checkbox"/>	<input type="checkbox"/>	Will Enrollee remain seated and secured during the trip?
<input type="checkbox"/>	<input type="checkbox"/>	Can the enrollee be left alone at the drop-off location?
<input type="checkbox"/>	<input type="checkbox"/>	I will let Verida know if any of the items above change. If not, the Child may no longer be transported without an escort.

4. I understand this is a shared-ride program. I understand that other riders may be traveling with the Enrollee. This may include minors.
5. For Guardians Only - I will tell Verida if I am no longer the guardian of the Enrollee. I will give Verida the name and address of the new guardian. I will give Verida this information within 48 hours.



**For more information visit www.hscsnhealthplan.org.
For reasonable accommodations please call (202) 467-2737.**

If you do not speak and/or read English, please call 202-467-2737 between 7:00 a.m. and 5:30 p.m. A representative will assist you. **English.**

Si no habla o lee inglés, llame al 202-467-2737 entre las 7:00 a.m. y las 5:30 p.m. Un representante se complacerá en asistirle. **Spanish.**

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Nếu bạn không nói và/hoặc đọc tiếng Anh, xin gọi 202-467-2737 từ 7 giờ 00 sáng đến 5 giờ 30 chiều. Sẽ có người đại diện giúp bạn. **Vietnamese.**

如果您不能講和/或不能閱讀英語，請在上午 7:00 到下午 5:30 之間給 (202) 467-2737 打電話，我們會有代表幫助您。 **Traditional Chinese.**

영어로 대화를 못하시거나 영어를 읽지 못하는 경우, 오전 7시 00분에서 오후 5시 30분 사이에 (202) 467-2737번으로 전화해 주시기 바랍니다. 담당 직원이 도와드립니다. **Korean.**

Si vous ne parlez pas ou lisez l'anglais, s'il vous plaît appeler 202-467-2737 entre 7:00 du matin et 5:30 du soir. Un représentant vous aidera. **French.**



This program is funded in part by the Government of the District of Columbia Department of Health Care Finance.

HSCSN complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.