



Behavioral Health Safety Net System Transportation Assistance Receipt Form

Transportation Assistance

Behavioral Health Safety Net Providers participating in the Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) network, or the Community Mental Health Centers (CMHCs) and Certified Community Behavioral Health Clinics (CCBHCs) networks may offer transportation assistance to Safety Net eligible individuals, for the purpose of travel to and from treatment and recovery services. Individuals who are eligible for transportation services through Medicaid are not eligible for this service.

Acknowledgment

Client Name (First and Last):

Client Address:

Client Unique ID:

Provider Name:

Provider Address:

Provider NPI:

I acknowledge that I have received a transportation gas card from the above-named provider in the amount of \$20.00. I agree to provide a receipt showing use of the card for purchase of gas prior to distribution of additional gas cards, or within one month of receiving the gas card, whichever occurs first. The purpose of the provided transportation service is to travel to and from treatment and recovery services.

I acknowledge that if I do not provide accurate receipts or if I purchase unauthorized goods or services, I will not receive additional transportation services.

Iowa HHS reserves the right to collect reimbursement for the misused funding directly from the provider.

Client Signature:

Date:

Provider Signature:

Date: