

Hopelink Transportation Trip Request Form



READ FIRST

- If you are a **new client**, please call Hopelink Transportation to activate your account before using this form.
- Hopelink Transportation is the King and Snohomish County Medicaid Broker. We are only able to schedule appointments to **Medicaid** billable medical appointments.
- Door-to-Door service is reserved for clients with an approved **Highermode Exception** form or a qualifying medical condition. Please call Hopelink if you are unsure of your Door-to-Door eligibility.
- Gas Card reimbursement will only be processed if **current** copies of the **drivers license**, **vehicle insurance**, and **vehicle registration** are on file with Hopelink Transportation. If you need to update one of these documents, please fax or mail a photocopy with this form.
- Drivers do not provide assistance beyond the main door of the facility, nor do they serve as attendants. If the client is unable to travel independently, the client must travel with an attendant.
- **All questions** on the form **must be answered** in order for a ride to be booked. If the form is not completely filled out, we will be unable to process your request. We will notify you of the booking failure via letter to your mailing address or fax if you submitted the form by fax.
- To confirm your request has been booked, visit <https://www.myrideonline.org/> or call the Hopelink **MyRide line** the day before your appointment.

King County Contact Information	Snohomish County Contact Information
Reservation Number: 1-800-923-7433 Reservation Fax: 425-644-9447 TDD/TTY Line: 800-246-1646 My Ride Line: 1-800-595-2172 (Cancel ride or check on status of ride)	Reservation Number: 1-855-766-7433 Reservation Fax: 425-644-9447 TDD/TTY Line: 800-246-1646 My Ride Line: 1-888-913-2172 (Cancel ride or check on status of ride)

Fax Forms To: 425-644-9447

Mail Forms To:
Hopelink Transportation
14812 Main St
Bellevue, WA 98007

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Client Information

Last Name:	Middle Initial:	First Name:
Provider One Number:	Date of Birth:	Phone Number:

Client uses a: Wheelchair Walker/Cane Scooter Other Electric Wheelchair Nothing

Trip Information

Request is for a Gas Card Public Transit Door-to-Door (Highermode Service)

Date of Appointment:	Appointment Time:	Return Time:
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Medical Reason for Appointment (*Be specific, "check-up or "follow-up" is too vague*):

Will Anyone be Traveling with the Client to this No. Yes. How Many People?

Does the Driver Need to Bring a Car Seat? No. Yes, please bring a: Booster Toddler Seat Infant Seat

Pick Up Information

Street Address:	Suite Number:
City:	Zip:

Drop Off Information

Facility Name:	Doctor Name:	Phone Number:
Street Address:	Suite Number:	
City:	Zip:	

Requester Information

Name:	Phone Number:	Fax Number:
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Additional Comments:

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Hopelink Use Only

Was Trip Booked? Yes, Trip IDs: No, Denial Letter Sent Initials:

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