

ATTENDANT AUTHORIZATION FORM FOR MINOR MEDICAID MEMBERS

Child's Name (first, last): _____	Medicaid Number: _____
Date of Birth: _____	

I, _____ (parent/guardian name), am the parent or legal guardian of the child named above. I am authorizing the individuals listed below to accompany my child on Non-Emergency Medical Transportation rides with Modivcare to and from healthcare services covered by the Utah Medicaid program. I understand that the authorized attendant may not be younger than 18 years old. Children 16 and 17 may travel unaccompanied, provided a separate consent form is filed with Modivcare (for more information, contact Modivcare).

	First, last name	Date of Birth	Phone number
Parent <input type="checkbox"/> Guardian <input type="checkbox"/>			
Parent <input type="checkbox"/> Guardian <input type="checkbox"/>			
Authorized Attendant 1			
Authorized Attendant 2			

It is my choice to authorize the above-listed individuals to be attendants. By signing this form, I acknowledge the risks of allowing another person to travel with my child on healthcare trips arranged with ModivCare. This agreement will stay in effect until I void it or replace it.

Signature of Parent or Legal Guardian Date

Two things must happen before the authorized attendants listed above can ride with the child to and from the covered healthcare services;

- 1) This form must be on file with Modivcare.
- 2) The authorized attendant also must show the driver a photo ID.

Fill out and return this form to:
email: UTExceptions@modivcare.com
OR
address: Modivcare Facility Department
4615 E. Elwood Street, Suite 300,
Phoenix, AZ 85040
OR
fax: (877) 637- 9079