



Parental Consent Form

December 27, 2018

Parent/Guardian of:
Street Address:
City, State, Zip Code:

Subject: Giving a ride to a child without an adult escort

Your child/children can get rides to their Medicaid related healthcare visits if they don't have any other way to get there. This is part of their Medicaid coverage. When they need a ride, call us. We are Medical Transportation Management, Inc. (MTM).

If your child needs to ride without a parent or guardian present, you must fill out the Parental Consent Form. The form came with this letter. The form allows us to give rides to your child/children without an adult riding along.

You, the parent or guardian of the child, must fill out, sign, and send us the Parental Consent Form before we can set up rides for them to ride alone. This Parental Consent Form goes into effect when it is signed. It will stay in effect for one year from the signature date.

Once you have filled out the form and signed it, you can send it to us by mail or fax.

Mail the Parental Consent Form to:

MTM
Attention: Contact Center
1110 Centre Point Curve, Suite 220
Mendota Heights, MN 55120

Fax the Parental Consent Form to:

1-651-203-1262

Please call 1-866-467-1724 (toll-free) if you have any questions or concerns.



Parental Consent Form

Child's First Name: _____

Child's Last Name: _____

Child's Medicaid Number: _____

My name is _____. I am the parent, guardian, or legal custodian of _____.

I give MTM permission to set up rides for, and provide rides to my son/daughter/minor dependent whose name I have written in this form. I understand these rides will carry my son/daughter/minor dependent to and from their Medicaid related healthcare visits. I further understand MTM may set up and provide these rides when I am not able to ride along and no other adult is able to make the trip.

This Parental Consent Form goes into effect when I sign it. I understand it will stay in effect for one year from the signature date.

Print your name

How are you related to the child?

Your signature

Date

Mail this form to:

MTM
Attention: Contact Center
1110 Centre Point Curve, Suite 220
Mendota Heights, MN 55120

Fax this form to:

1-651-203-1262

If you, or someone you're helping, has questions about MTM, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 888-561-8747.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-569-1746 (TTY: 7-1-1).

Non-discrimination. The client has a right to receive services in compliance with Title VI of the Civil Rights Act of 1964, 42 U.S.C.A., 2000d, et seq; 504 of the Rehabilitation Act of 1973, 29 U.S.C.A. 794; the Americans with Disabilities Act of 1990, 42 U.S.C.A. 12101, et seq; and all amendments to each, and all requirements imposed by the regulations issued pursuant to these Acts, in particular 45 C.F.R. Part 80 (relating to race, color, national origin), 45 C.F.R. Part 84 (relating to handicap), 45 C.F.R. Part 86 (relating to sex), and 45 C.F.R. Part 91 (relating to age).