VERMONT
AGENCY OF HUMAN SERVICES
DEPARTMENT OF VERMONT HEALTH ACCESS

Department of Vermont Health Access
208 State Drive, NOB 1 South
Waterbury, VT 05671-1010
Phone: (802) 879-5900
Fax: (802) 879-5919

Medicaid Vehicle Exception Request Form

Please fax or mail this application and necessary documentation to DVHA at above contact info

Member Name: _____ Medicaid ID #: _____

Address: _____ DOB: _____

_____ Phone: _____

Email: _____

Reason for the request (please check all that apply):

☐ Vehicle is not insured (letter confirming insurance termination necessary), or

☐ Vehicle does not run (note from certified mechanic on letterhead necessary), or

☐ No licensed drivers in the home, or

☐ No one in the home is able to drive due to medical reasons (attach detailed medical explanation of member's condition relating to this issue from a medical professional), or

☐ A family member is using the car for work purposes, and the member can't take time off for the doctor appointment (completed employer form attached).

Vehicle 1: Make _____ Model _____ Year _____ Running? _____

Vehicle 2: Make _____ Model _____ Year _____ Running? _____

Signed: _____ Date: _____

DVHA USE ONLY - Authorized By: _____ Date: _____

Approved ☐ Exp. Date: _____ Denied ☐

Revised 1.1.19

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Transportation Employment Exception Verification Form

Please fax or mail this application and necessary documentation to DVHA at above contact info

Employee Name: _____ DOB: _____

If known, name of family member needing ride: _____

This is to certify that this employee's work schedule is such that they are unable to leave the premises to travel home to provide transportation to a family member for an appointment.

WORK SCHEDULE:

Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

If the family member's work schedule is variable, please explain how the schedule can vary.

_____

_____

_____

Signature of Authorized Representative: _____ Date: _____

Name: _____ Title: _____

Company Name: _____

Work Phone: _____ Fax Number: _____