



TICKET #

1070628

TRANSPORTATION REQUEST FORM

1a	Transport Date:	Client:	Client Age	Name:	ComTrans/Grace
	12-10-20	Joseph Rodriguez	26		
			Ethnicity	CIS ID:	2309
			03		
1b	Shift Start Date	1	2	3	4
	12-10-20				
6	Vehicle	787	ENROLLED CLIENT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>		
			If YES, Circle RBHA name (MAGC, NARBH, Cenpatico, CPSA, Pascua Yaqui, Gila River, Navajo Nation, Apache White MTN)		
	Driver	FASR	2	Client I.D.	JR043094MO
	Attendant	SAVK	3	Date of Birth	043094
5	Dispatcher	Angelina	4	Social Security #	

7	Time Called	1216	Odometer Reading	8	Was This Call			
					1	Regular Transport		
	En-Route	1216	147.892		<input checked="" type="checkbox"/>	2	Wheelchair Transport	
	Arr. Scene	1233	147.904		DR# if related to another call	3	Other Transport	
	Response Time	17	Response time (+) Arr. Scene (-) time called in minutes	If greater than 20 minutes enter delay code	Other Travel Reason			
	Lv. Scene	1240			1	Med. PU Only	3	Other trans. W/O Patient
	Arr. Dest.	1259	147.911		2	Wrong Add. W/O Patient	4	Patient refused
	Time Avail	1304	Remember to Return Belongings		5	Cancelled Enroute	6	Cancelled ON-Scene

Pick Up Scene/Location				Destination Scene/Location			
HOME				UPC			
Address 3426 N. 32nd St. Apt.				Address 1201 S. 7th Ave. Ste. 150			
9	Cross Street	Osborn / 32nd St.	15	Cross Street	Buckeye / 7th Ave		
10	Special Needs	Has been without them	16	Special Needs			
11	Contact	Medication Adjust.	17	Contact			
12	Scene I.D.	HM	13	City I.D.	01	14	Zip Code 85018

Remarks:	<input type="checkbox"/> Check if Incident Report submitted.
Initial here to waive privacy rights to share transport.	

Facility Transfer: I am an authorized representative for the above referenced destination and ACKNOWLEDGE the client's arrival to this location.		Observed		Yes	No
30	Signature: Drop off	26	Voluntary	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		27	Restless	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		28	Talkative	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		29	Uneventful	<input checked="" type="checkbox"/>	<input type="checkbox"/>

32 Driver R

33 Attendant K & S

24

I am willing to be transported to the stated destination. Signature: Verbal**Medicine/Personal Property Acknowledgement**Release **Meds** to ComTrans:~~INITIAL~~

Release at drop-off:

~~S I G N A T U R E~~Release **Property** to ComTrans:~~INITIAL~~

Release at drop-off:

~~S I G N A T U R E~~**IDENTIFICATION KEYS****SCENE**

PUC UPC 85004
 PRW PRCW 85345
 BS BUS STATION
 CRU CRU 85007
 CBCC CBCC 85008
 ER HOSPITAL
 CBEV CBEV 85204
 CBAP CBEAP 85204
 CBWV CBWV 85323
 HOSP INPATIENT PSYCH HOSP (ANY)
 CS CLINICAL SITE
 SHDV DOMESTIC VIOLENCE SHELTER
 SHHL HOMELESS SHELTER
 HWH HALFWAY HOUSE
 HM HOME
 PD POLICE DEPARTMENT
 FD FIRE DEPARTMENT
 AP AIRPORT
 RX PHARMACY
 CRN Network Base
 O OTHER

DELAY CODES

D DISTANCE
 T TRAFFIC
 C CONSTRUCTION
 S STAFF NOT READY
 O OTHER
 (ENTER REASON IN REMARKS)

CITY

11 APACHE JCT
 19 AVONDALE
 17 BUCKEYE
 25 CASHION
 16 CAVE CREEK
 08 CHANDLER
 14 EL MIRAGE
 18 FNTN HILLS
 22 GILA BEND
 24 GILBERT
 02 GLENDALE
 10 GOODYEAR
 20 GUADALUPE
 23 LITCHFIELD
 09 MARICOPA
 04 MESA
 06 PEORIA
 01 PHOENIX
 07 SCOTTSDALE
 03 SUN CITY
 21 SURPRISE
 05 TEMPE
 26 TOLLESON
 13 TONOPAH
 12 WICKENBERG
 15 WITTMAN
 27 OTHER

ETHNICITY

01 WHITE
 02 BLACK
 03 HISPANIC
 04 ASIAN
 CH AK CHIN
 CO COCOPAH
 CR CRIT
 FM FORT MOHAVE
 GR GILA RIVER
 HA HAVASUPAI
 HO HOPI
 HU HUALAPAI
 KP KAIBAB PAIUTE
 MY FORT MCDOWELL
 NA NAVAJO NATION
 PY PASCUA YAQUI
 QU QUECHUAN
 SR SALT RIVER PIMA
 TA TONTO APACHE
 TO TOHONO O'ODHAM
 WM WHITE MOUNTAIN
 YA CAMP VERDE APACHE
 YP YAVAPAI PRSCOTT APACHE
 SC SAN CARLOS APACHE
 05 OTHER NATIVE AMERICAN
 06 OTHER

Remarks: (Cont.)