

Transportation Plan

This information is collected under the authority granted by 34 CFR § 361.38 for the purpose of facilitating vocational rehabilitation (VR) services. As mandated by this regulation and Wis. Stat. § 47.02(7), all personal information is kept confidential and released only with the informed consent of the consumer or their representative, or as required by law. Completing this form is required for payment, and failure to submit reports will result in nonpayment. Information collected may be used for administration of the VR program, coordination of services, and other purposes.

Review Technical Specifications and Fee Schedule for more information. This optional report is used to identify transportation strategies for a consumer's DVR related activities. Please submit by month-end.

Report Month	Report Year (YYYY)
Consumer IRIS Number (9 Digits)	Service Provider Name (10-Character Abbreviation)
Consumer Name (As Listed on Purchase Order)	Service Authorization Date (MM/DD/YYYY)

Plan for Transportation

	Geographic Area it is Available/ Practical	Times it is Available (Days and Hours)	Flexible	Reliable	Cost per Ride	Training or Support Needed	Long-Term Option
Walking						Yes No	Yes No
Biking						Yes No	Yes No
Public Transit						Yes No	Yes No
Rides from Family						Yes No	Yes No
Ride share with Community Member/Coworker						Yes No	Yes No
Taxi or Transportation Company						Yes No	Yes No
Available Vehicle						Yes No	Yes No
Specialized Transportation						Yes No	Yes No
Other						Yes No	Yes No
Comments:							