

Per-Trip NMT Documentation

Level One Waiver FTB

Name:

Medicaid #:

Month/Year: _____

Date	Origin/Destination	Daily Inspection	Odometer Reading		Daily Mileage & Travel Description	
		Initial	Start	Finish	Miles	Reason

*Group size is assumed to be 1 unless otherwise noted.

VEHICLE INSPECTION: (Must be conducted Daily)

Windshield Wipers/Washer Fluid	Lights	Mirrors	Horn	Fire Extinguisher
Emergency Equipment	Tires	Brakes	Oil	First Aid Kit

Driver Signature: _____ Initial: _____

POST TRIP VEHICLE INSPECTION: (Must be conducted Daily)

Must be conducted at end of route. No Passengers remain in vehicle.

Driver Signature: _____

Vehicle Make: _____ Model: _____ License Plate#: _____

Print Provider Name:

Contract#: