



DELAWARE HEALTH AND SOCIAL SERVICES
DIVISION OF SOCIAL SERVICES

As parent/guardian for _____ (name of client), for whom non-emergent medical transportation is being requested, I hereby state that there is no alternative transportation available within our household for our child due to the following reason. (Please circle one.)

1. Parent/guardian does not own vehicle
2. Parent/guardian owns vehicle, but vehicle is not available at client's scheduled time of needed transportation due to parent's need for transportation to and from employment.
(Documentation of work schedule must be supplied.)

Signed: _____

Print Name: _____

Date: _____