

**English:** For help to translate or understand this, please call **866-907-1493** (TTY).

**Spanish:** Si necesita ayuda para traducir o entender este texto, por favor llame al teléfono **866-907-1493** (TTY).

**Russian:** Если вам не всё понятно в этом документе, позвоните по телефону **866-907-1493** (TTY).

**Hmong:** Yog xav tau kev pab txhais cov ntaub ntauv no kom koj totaub, hu rau **866-907-1493** (TTY).

**Laotian:** ພ້ອມຊ່ວຍໃນການແປ ຫລື ເຂົ້າໃຈເນື້ອຫາໃນນີ້, ກະລຸນາໂທລະສັບຫາ **866-907-1493** (TTY).

[Date]

Parent/Guardian of: [First Name] [Last Name]

[Street Address]

[City, State, Zip Code]

**Subject: Transportation to a Day Treatment or Center-Based Behavioral Treatment Program.**

As a follow up to the reservation that you or someone on your behalf made for a child in your care to be transported to a Day Treatment **or Center-Based Behavioral Treatment** Program, please complete and return the enclosed Parental Consent form. The child in your care **cannot get a ride to the Day Treatment or Center-Based Behavioral Treatment Program without an adult escort until this form has been completed and returned.** This form allows Veyo to arrange transportation for the child in your care without a parent or caregiver accompanying them.

Please note:

- This is a shared ride service. For rides to Day Treatment **or Center-Based Behavioral Treatment** there will be other children going to the same facility riding in the vehicle.
- If your child requires a car seat or booster seat, it is your responsibility to provide one for the rides and install it in the vehicle.
- You must have your child ready for pickup on time.
- An adult (18 years or older) must be present at time of drop-off.
- You must contact Veyo immediately at (866) 907-1493 if your child will be absent or if there is a change in address for pickup or drop-off.

**Mail or fax the completed and signed form to Veyo at:**

**Mail:** Veyo, Attention: Clinical Coordinator Department, 8383 Greenway Blvd, Suite 400, Middleton, WI 53562

**Fax:** (888) 506-7708



# Parental Consent Form

1. I, \_\_\_\_\_ residing at 5475 N. 28th Avenue, Wausau, WI 54401 (address)

hereby affirm that I am the legal parent or guardian of the following minor child.

Home Phone: 715-298-3134 Cell Phone: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ Child's Age: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Child's ForwardHealth ID Number: \_\_\_\_\_

I give Veyo permission to arrange rides for my child without an adult escort to and from their Medicaid and BadgerCare Plus appointments.

2. \_\_\_\_\_ (name of child) is fully capable of being transported without an adult escort and will follow all rules communicated by the driver. I understand that if my child does not follow the rules, Veyo will no longer transport my child without a parent or caretaker. I also understand that this is a shared ride program; therefore other members may also be traveling with my child.

3. I agree to ensure that \_\_\_\_\_ (child's name) will be ready for their pickup for their trip to their appointment and will be able to get themselves to the specified pickup location at the scheduled time.

4. I agree to inform Veyo if there are changes or cancellations to my child's appointments or the locations for pick up or drop off. In addition to myself, I authorize the following persons to make changes to my child's rides. Positive Alternatives Staff - Placement - 715-298-3134 - Dana Buettner, Caylee Nichols, Kayleigh Iseppon (Please provide names, relationship, and contact information)

5. I agree to contact Veyo within 48 hours if for any reason I cease being the legal parent or guardian of \_\_\_\_\_ (name of child) and to inform Veyo of the name and address of the new legal parent or guardian. I will cancel unescorted rides that were to occur under this consent during any time after I cease being the legal parent or guardian.

6. This Parental Consent Form goes into effect when I sign it. I understand it will stay in effect until I write to Veyo and ask that this agreement is canceled or until someone else with authority writes and asks that the agreement is canceled.

Signature of Parent or Guardian \_\_\_\_\_

Printed Name of Parent or Guardian \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Date \_\_\_\_\_

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