

**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:** ຜົ່ອຊ່ວຍໃນການແປ ຫລື ເຂົ້າໃຈເນື້ອຫາໃນນີ້, ກະລຸນາໂທອະສັບຫາ **866-907-1493** (TTY).

[DATE]

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

[Street Address]

[City, State, Zip Code]

Subject: **Giving a ride to a minor child age 12 through 15 years old without an adult escort.**

You or someone on your behalf recently contacted Veyo to schedule a ride for a child in your care aged 12 through 15 years. You told us that the child in your care needs to ride to an appointment without a parent or caretaker present. To schedule a ride to an appointment, and for the child in your care to ride alone to this appointment, you must complete and return the enclosed Parental Consent Form *before* the appointment.

Veyo must receive the consent form **at least two business days** before a routine appointment. Veyo will contact you to schedule the child's ride once we receive the form. If Veyo has not contacted you to confirm the child's ride at least two business days prior to the appointment, you will need to call Veyo to schedule the child's ride. If the form is not submitted on time, an adult must ride along with the child to this appointment, or the appointment must be rescheduled.

Please note:

- This is a shared ride service.
- The child is responsible for being ready for pickup on time.

**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 1370 60th Ave, Amery, WI 54001 (address)

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

Home Phone: 715-268-7997 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-Brenna Weinberg, Chris Rolston, Mattie Post-Priller (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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