

DEPARTMENT OF DEVELOPMENTAL SERVICES
CERTIFICATION OF TRANSPORTATION SERVICES
MONTHLY REIMBURSEMENT RATE CONDITIONS

PROVIDERS SHALL COMPLETE AND SUBMIT THIS CERTIFICATION FORM TO THE REGIONAL CENTER PRIOR TO SUBMITTING CLAIMS FOR REIMBURSEMENT USING THE MONTHLY RATE.

Certifications

- Services will be responsive to the needs of individuals served, including service volume and schedules.
- Detailed records will be maintained for transportation provided to each individual.
- Detailed records will be maintained for vehicle capacity for ambulatory and non-ambulatory passengers.
- Documentation of services provided will be maintained as required by California Code of Regulations, Title 17 section 54326(a)(3).
- Quarterly reports will be submitted in accordance with Department instructions.

NAME OF PROVIDER: _____ VENDOR #: _____

SIGNED BY: _____ TITLE: _____

SIGNATURE: _____ DATE: _____