



## Request for Taxi Transportation

Client Prefers (please check one):  Queen City Taxi (301-722-2800)  
 Yellow Cab (301-722-4050)

Client Name: \_\_\_\_\_ Date Requested: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Client DOB: \_\_\_\_\_

Date Cab Needed: \_\_\_\_\_ Pick-up Time: \_\_\_\_\_

Pick-up Location: \_\_\_\_\_

Destination Location: \_\_\_\_\_

Primary MH Provider: \_\_\_\_\_ Scheduled Appointment Date/Time: \_\_\_\_\_

I certify that the above named client has exhausted these resources as a means of obtaining transportation in order to attend mental health and related appointments (check all that apply):

\_\_\_\_\_ Personal Resources                      \_\_\_\_\_ Family Assistance  
\_\_\_\_\_ Assistance from Friends                      \_\_\_\_\_ Other \_\_\_\_\_

Name of Provider/Staff Making Request (please print clearly): \_\_\_\_\_

Requesting Agency/Office (please print clearly): \_\_\_\_\_

Signature of Requestor: \_\_\_\_\_

Aftercare/Additional Notes:

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