ME Operations
400 Southborough Dr.
S. Portland, ME 04106

STANDING ORDER REQUEST FORM

At least one day per week, minimum 90 (ninety) days

****Each section must be complete and submitted no later than 2 business days prior to the start date.****

FAX # 877-637-9091 **PHONE # 877-659-1305**

Ordered By:	Title:	Phone #:
MaineCare covered service **0 Yes 0 No**	0 New Order 0 Update Existing Order 0 Terminate Existing Order	Fax #:
Member's Name:	MaineCare ID #:	DOB: _____/_____/_____

APPOINTMENT INFORMATION

Treatment Days 0 Monday 0 Tuesday 0 Wednesday 0 Thursday 0 Friday 0 Saturday 0 Sunday 0 One Way 0 Round Trip	Appt. Time: **0** AM **0** PM Return Time: _____ **0** AM **0** PM	**Level of Service:** **0** Ambulatory *** 0** Wheelchair *Wheelchair size **0 Regular 0 Oversized**
	Start Date: _____/_____/_____ End date: _____/_____/_____	*If Wheelchair: **Member's Weight:_____ Height:_____** Able to transfer to vehicle **0 Yes 0 No** Stair: **0Yes 0 No** Wheelchair fold: **0 Yes 0 No**
	Treatment Type: 0 Day Support 0 Dialysis 0 Supported Employment 0 Chemo/Radiation 0 Physical Rehabilitation 0 Case Management 0 Counseling 0 Therapy Type:	0 Mass Transit(bus passes) 0 Mileage Reimbursement (complete next two lines) Driver Name: Mailing address: 0 Needs Transportation Escort traveling with member? **0 Yes 0 No** Can the Member sign the driver's log? **0 Yes 0 No** Door to Door **0 Yes 0 No** Can't leave unattended **0 Yes 0 No**
	0 Substance Abuse (15 min appt.) 0 If Other specify: Treatment: waiver section:	**Important information/special needs for the member**:

PICK-UP INFORMATION

Complex Name:	Adult Shared Living: **0 Yes 0 No** Residential Care Housing: **0 Yes 0 No** Group Home: **0 Yes 0 No**
Residence Address/Apt #:	City, State Zip:
Phone #:	Emergency Name & Phone #:

DROP-OFF INFORMATION

Facility/Complex Name:	Provider Name:
Address/Suite/Bldg. #:	City, State Zip:
Phone #:	Alternate Phone #:
Additional trip information:	

Visit the website for facilities at https://Tripcare.Modivcare.com to input your own standing orders, single trip requests or to do monthly attendance.

Signature:_____ **Date:**