Department of Workforce Development State of Wisconsin

Division of Vocational Rehabilitation

**Transportation Plan**

This information is collected under the authority granted by 34 CFR § 361.38 for the purpose of facilitating vocational rehabilitation (VR) services. As mandated by this regulation and Wis. Stat. § 47.02(7), all personal information is kept confidential and released only with the informed consent of the consumer or their representative, or as required by law. Completing this form is required for payment, and failure to submit reports will result in nonpayment. Information collected may be used for administration of the VR program, coordination of services, and other purposes.

Review Technical Specifications and Fee Schedule for more information. This optional report is used to identify transportation strategies for a consumer's DVR related activities. Please submit by month-end.

|  |  |
| --- | --- |
| Report Month | Report Year (YYYY) |
| Consumer IRIS Number (9 Digits) | Service Provider Name (10-Character Abbreviation) |
| Consumer Name (As Listed on Purchase Order) | Service Authorization Date (MM/DD/YYYY) |

**Plan for Transportation**

|  | Geographic Area it is Available/ Practical | Times it is Available (Days and Hours) | Flexible | Reliable | Cost per Ride | Trainig or Support Needed | Long-Term Option |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Walking |  |  |  |  |  | Yes  No | Yes  No |
| Biking |  |  |  |  |  | Yes  No | Yes  No |
| Public Transit |  |  |  |  |  | Yes  No | Yes  No |
| Rides from Family |  |  |  |  |  | Yes  No | Yes  No |
| Ride share with Community Member/Coworker |  |  |  |  |  | Yes  No | Yes  No |
| Taxi or Transportation Company |  |  |  |  |  | Yes  No | Yes  No |
| Available Vehicle |  |  |  |  |  | Yes  No | Yes  No |
| Specialized Transportation |  |  |  |  |  | Yes  No | Yes  No |
| Other |  |  |  |  |  | Yes  No | Yes  No |
| Comments: | | | | | | | |