

Georgia War Veterans Home  
Transportation Declaration

From: \_\_\_\_\_  
(Resident Name)

Date: \_\_\_\_\_

To: Executive Director, Georgia War Veterans Home

During my residence in the Georgia War Veterans home and for requested transportation to medical appointments ONLY at facilities outside of the GWVH, I hereby make the following choices regarding a transportation provider and payment options signified by my initials and signature at the bottom:

**LOCAL TRANSPORTATION OPTIONS (Please initial next to option selected)**

OPTION 1: For transportation to local medical providers, I would like Priva-Trends to schedule the transportation with a reliable, non-emergent transportation carrier or taxi-cab service, whichever is necessary dependent on my medical condition. I agree to pay the transport carrier in cash or credit card at time of service, make necessary payment arrangements directly with the transportation carrier, or agree to authorize payment from my resident trust fund account.

OPTION 2: For transportation to local medical providers, I choose to make my own arrangements for transportation with my family or a 3rd party vendor. I understand I will be responsible for paying the costs of transportation directly to the 3rd party vendor.

**DISTANT TRANSPORTATION OPTIONS (Please initial next to option selected)**

OPTION 1: For transportation to Dublin VAMC, Augusta VAMC or Decatur VAMC, I would like Priva-Trends to schedule the transportation with a reliable, non-emergent transportation carrier or taxi-cab service, whichever is necessary dependent on my medical condition. I agree to pay the transport carrier in cash or credit card at time of service, make necessary payment arrangements directly with the transportation carrier, or agree to authorize payment from my resident trust fund account.

OPTION 2: For transportation to Dublin VAMC, Augusta VAMC or Decatur VAMC, I choose to make my own arrangements for transportation with my family or a 3rd party vendor. I understand I will be responsible for paying the costs of transportation directly to the 3rd party vendor.

I hereby authorize the Business Office of Georgia War Veterans Home to debit my personal resident trust fund account for necessary funds to cover the costs of transportation provided after verification that transportation services were rendered based on the options I've chosen above. I further understand that I am required to pay for transportation services scheduled for me, but not used because I am a "no-show" or I refuse to use the scheduled service - should I fail to give appropriate notice of my desire for a schedule change.

\_\_\_\_\_  
Signature of Veteran or Authorized Representative

\_\_\_\_\_  
Date