

BUS CARD VOUCHER & GAS CARD RECEIPT

All vouchers & gas cards **must** be entered into the CPCDMS **at the time of distribution** to client.
Client must be registered in CPCDMS to receive a bus card voucher or gas card and must receive voucher or card from client's record-owning agency.

AGENCY NAME:			
CLIENT NAME:			
CLIENT 11-DIGIT CPCDMS CODE:		CLIENT 3-DIGIT ARIES CODE:	
_____		_____	



SELECT ONE ONLY



METRO BUS CARD VOUCHER

(Please indicate the type of voucher below)

_____ Renewal
 _____ Value-Based - \$50

GAS CARD

GAS CARD NUMBER: (last 6 digits)

_____ **CLIENT'S COUNTY RESIDENCE:**

_____ County per CPCDMS

METRO BUS PASS VOUCHER NUMBER:
(on back of voucher)

Is client in METRO service area?

Yes **No**

I certify that I meet all the eligibility requirements and have received the item identified above. I understand the METRO voucher will be redeemed for a METRO Q-Card which is only to be used for transportation to Ryan White HIV-related medical and/or support services. I understand the Gas Card may only be used for the purchase of gasoline for transportation to Ryan White HIV-related medical and/or support services. Ryan White eligible services have been explained to me by the agency representative. I understand I am required to attend at least one primary medical care visit during the next 12 months for the treatment of HIV and am required to provide agency representative with documentation of attendance, as requested.

 Client Signature

 Date

 Agency Representative

 Date

THIS FORM MUST BE KEPT IN CLIENT'S FILE/CHART