

Exhibit One: TRANSPORTATION GUIDELINES

The Community Health Representative Program is a community resource in follow up care and health education for clinic patients as mandated in P.L. 100-713. It has been necessary to implement transportation guidelines in order for the program to provide the best possible service.

- *Transportation services are not the primary responsibility or focus for this clinic program to require priority settings. Transportation priorities for those senior citizens and infants served by the clinic are primary. All transportation provided by the clinic is limited to health related issues and identified at the time of the request. Whether local or long distance transports, clients must have exhausted all other resources for transportation, including assistance from family members, relatives or friends before seeking clinic assistance. All requests will be considered on a case by case basis.*
- *A referral from the K.N.H.C. physician is required for transportation for an offsite specialty visit*

ADVANCE NOTICE REQUIRED

Transportation request by clinic patients should be made with a

- Minimum 24 hours advance notice for clinic appointments
- Minimum of one week for long distance appointment

All long distance requests will be approved or denied at the discretion of the Community Health Representative (CHR) and/or the Health Center Director. Due to limited resources all transportation requests may not be approved

CHILDCARE PROVISION REQUIRED

If transportation is approved, the patient needs to make advance arrangements for childcare services. Childcare services are not provided by the clinic

MINORS

Should transportation requests be made on behalf of a minor, the minor must be accompanied by the parent/guardian. Unavailability of the parent/guardian may be considered in emergencies rarely, but requires prior written consent for transportation for liability purposes.

RIGHT TO DENY OR RESTRICT CLIENTS FOR ANY OF THE FOLOWING:

<i>Refused alternate transportation provisions</i>	<i>Failure to keep transportation appointments</i>
<i>Intoxicated/appear to be intoxicated to CHR</i>	<i>Failure to provide notice of cancelation</i>
<i>Offensive, abusive and/or threatening</i>	<i>Missed 2 or more scheduled appointments</i>
<i>Behavior or Language</i>	<i>Transport or clinic appointments</i>

ALL PATIENTS REQUESTING AND PROVIDED TRANSPOTATION AGREE TO ABIDE BY THE FOLLOWING:

- Seatbelts must be fastened (including children)
- Infants/Toddlers must be in approved car seat
- No smoking, food or drinks in vehicle
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I _____ have read and understood the guidelines for transportation stipulated by the Kickapoo Nation Health Center and my signature below indicates agreement to abide by the policies in place.

Client Signature

Date

CHR Signature

Date