

**INFORMATION REQUIRED BY AZ DEPT OF HEALTH SERVICES  
TO DOCUMENT USE OF FUNDS ALLOCATED FOR KIDNEY PATIENTS**

National Kidney Foundation of Arizona  
360 East Coronado Road, #180, Phoenix, AZ 85004  
Phoenix (602) 840-1644; Toll free 1-(877) 587-1357  
**FAX (602) 845-7968**

**TRANSPORTATION**

Bus Pass     D-A-R tickets     Cab     Fuel Assistance     Wheelz

Lake Havasu Mobility     KART (Kingman)     Sun Van (Tucson)

DATE \_\_\_\_\_ TREATMENT FACILITY \_\_\_\_\_

PATIENT'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

Current Patient Financial Information: attached \_\_\_\_\_; on file \_\_\_\_\_, date \_\_\_\_\_

Social Worker – Print Name \_\_\_\_\_

Social Worker Signature \_\_\_\_\_

**Description of Financial Need:** State the results of exploring other resources.

\_\_\_\_\_  
\_\_\_\_\_

**Description of Travel Need:** Identify the patient's regular mode of transportation and state why it's not available.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Transportation Provider:** \_\_\_\_\_ Miles \_\_\_\_\_

Trip Date \_\_\_\_\_ Cost \_\_\_\_\_ One-way/Round trip \_\_\_\_\_

Trip Origin \_\_\_\_\_

Trip Destination \_\_\_\_\_