

Crawford County Job and Family Services
*Income Maintenance*Workforce Development*Child Support Enforcement*Children Services*
225 E. Mary Street, Bucyrus, Ohio 44820
Tel 419-562-8066 Fax 419-562-7970

~NET GAS VOUCHER REQUEST FORM~

The information requested below MUST be filled out completely and returned with verification that the appointment was attended. Please read the important instructions on the reverse side of this form before completing.

IF ALL INFORMATION IS NOT PROVIDED, A VOUCHER WILL NOT BE WRITTEN FOR THE REQUESTED APPOINTMENT.

Name of the person the appointment was for: _____

Social Security Number of the person the appointment was for: _____

Date of the appointment: _____ Time of the appointment: _____

Doctor's Name: _____ Doctor's Phone Number: _____

Reason for the appointment: _____

Is this appointment Medicaid covered? Yes No

Address where you had your appointment: _____

Did you drive yourself? Yes No If No, list name of driver: _____

Do we have current release, driver's license of driver, car insurance verification on file? Yes No
(If unsure, please call to verify. If not on file, you will need to provide with this voucher request form).

License Plate# of car to be driven: _____ Make: _____ Model: _____

Do you want your voucher mailed to you or will you pick it up at our office? Mail Pick Up

Do you need extra blank NET Gas Voucher Request Forms mailed to you? Yes No
(Note: you can also print this form out from our website: www.crawfordcountyjfs.org)

Note: Your healthcare company will transport you (over 30 miles from your home) to any healthcare appointments you may have. Please call the member services number on the back of your card for details on how much notice you will need to provide and how many trips are allowed per 12 month period.

If you have any questions, please contact Cris Cain at 419-562-8066 #216