



BabyNet

South Carolina's Early Intervention System

Transportation Log

Child's Name:		DOB:	Date Issued:
Provider Name:	Provider Address:	Provider Phone #:	Provider SSN#/Tax ID:
BN Service Coordinator Name:	Agency:	BN Authorization #: (Dates on log must match authorization valid dates)	

TRANSPORTATION LOG

Date of Service	From/To	Verification	Type	Roundtrip Mileage
	From: To:			
	From: To:			
	From: To:			
	From: To:			
	From: To:			
	From: To:			
	From: To:			
	From: To:			
	From: To:			
	From: To:			
	From: To:			
TOTAL MILES				

Parent/Provider: I certify that the above-billed services were provided in accordance with the child's IFSP and BabyNet Policies/Procedures. A copy of the BN Family Support Policies/Procedures has been provided to me and I understand that payments for the services above will be reported to the Internal Revenue Service (IRS) and may affect eligibility for certain income based programs (e.g., Medicaid).

Parent/Provider Signature:	Date:
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Instructions
Transportation Log
SCFS/BN021 rev Jan 2010

- Child's Name: Enter child's legal first and last name. Do not use nicknames.
- DOB: Enter child's date of birth
- Date Issued: Enter date Transportation Log was issued to parent(s).
- Provider Name: Enter parent's/provider's name.
- Provider Address: Enter parent's/provider's address.
- Provider Phone #: Enter parent's/provider's phone number.
- Provider SSN#/Tax ID: Enter parent's/provider's Social Security Number or Tax Identification number.
- BN Service Coordinator's Name: Enter BN Service Coordinator's name.
- Agency: Enter BN Service Coordinator's agency of employment.
- BN Authorization #: Enter BN Authorization number from corresponding BN Payment Authorization.
- Date of Service: Enter date of transportation.
- From: Enter starting point of travel.
- To: Enter destination.
- Verification: Signature of service provider at site where transportation was being provided.
- Type: Enter service type (e.g., PT, OT, SLP).
- Roundtrip Mileage: Enter roundtrip mileage.
- Parent/Provider Signature: Parent/Provider must sign.
- Date: Parent/Provider enter date the transportation log was signed.