

DEPARTMENT OF DEVELOPMENTAL SERVICES  
**CERTIFICATION OF TRANSPORTATION SERVICES**  
**MONTHLY REIMBURSEMENT RATE CONDITIONS**

PROVIDERS SHALL COMPLETE AND SUBMIT THIS CERTIFICATION FORM TO THE REGIONAL CENTER PRIOR TO SUBMITTING CLAIMS FOR REIMBURSEMENT USING THE MONTHLY RATE.

**Certifications**

- Services will be responsive to the needs of individuals served, including service volume and schedules.
- Detailed records will be maintained for transportation provided to each individual.
- Detailed records will be maintained for vehicle capacity for ambulatory and non-ambulatory passengers.
- Documentation of services provided will be maintained as required by California Code of Regulations, Title 17 section 54326(a)(3).
- Quarterly reports will be submitted in accordance with Department instructions.

NAME OF PROVIDER: \_\_\_\_\_ VENDOR #: \_\_\_\_\_

SIGNED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_