

Department of Vermont Health Access 208 State Drive, NOB 1 South Waterbury, VT 05671-1010 Phone: (802) 879-5900

Fax: (802) 879-5919

Medicaid Vehicle Exception Request Form

Please fax or mail this application and necessary documentation to DVHA at above contact info

		Medicai	
Address:		DOB: _	
		Phone: Email:	
Reason for the request	(please check all that apply	<u>):</u>	
☐ Vehicle is not ins	ured (<u>letter confirming insura</u>	ance termination neces	ssary), or
☐ Vehicle does not	run (note from certified mech	nanic on letterhead ne	cessary), or
☐ No licensed drive	ers in the home, or		
			atailed medical
explanation of mo	me is able to drive due to med ember's condition relating to	this issue from a med	ical professional), or
explanation of mo		this issue from a med	ical professional), or
 explanation of moderate □ A family member doctor appointment 	ember's condition relating to	this issue from a med rposes, and the member attached).	er can't take time off for the
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explanation of mode A family member doctor appointme Vehicle 1: Make Vehicle 2: Make	ember's condition relating to r is using the car for work purent (completed employer form Model	this issue from a med rposes, and the member attached). Year Year	ical professional), or er can't take time off for theRunning? Running?
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