

State of Vermont
Department of Vermont Health Access
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dvha.vermont.gov

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Agency of Human Services

Medicaid Vehicle Exception Request Form

Name: _____ Medicaid ID: _____

Address: _____ Phone: _____

Reason for the request (please check all that apply):

- Car does not run (note from certified mechanic on business letterhead needed), or
- Car is not registered, or
- Car is not insured (proof when insurance ended needed), or
- No licensed drivers in the home, or
- No one in the home is able drive the car (note from doctor needed), or
- The car is being used to go to work, and
 - the worker can't take time off for the doctor appointment (note from employer needed),
or
 - the job is too far away for the worker to be dropped off and picked up.

Job address: _____

Car #1: Make _____ Model _____ Year _____ Running? _____

Car #2: Make _____ Model _____ Year _____ Running? _____

Signed: _____ Date: _____

Mail or fax form to:

Name of Broker: _____ Broker Fax: _____
Address: _____

DVHA Decision: Approved Expires On: _____ Denied

Authorized by: _____ Date: _____

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