



July 13, 2020

Parent/Legal Guardian of:  
Street Address:  
City, State, Zip Code:

Subject: Giving a ride to a child age 15 through 17 years old without an adult attendant

Your child/children can get rides to their covered healthcare visits if they don't have any other way to get there. This is part of their Medicaid coverage. When they need a ride, call us. We are Medical Transportation Management (MTM).

If your child needs to ride without a Parent or Legal Guardian present, you must fill out the Parental Consent Form. The form came with this letter. The form allows us to give rides to your 15 to 17 year old child/children without an adult riding along. Children under the age of 15 must always travel with an adult or guardian.

You, the Parent or Legal Guardian of the child, must fill out, sign, and send us the Parental Consent Form before we can set up rides for your 15 to 17 year old. Once you have filled out the form and signed it, you can send it to us by mail or fax.

**Mail the Parental Consent Form to:**

MTM  
Attention: Texas Care Management Department  
5151 Mitchelldale Street Suite A10  
Houston, TX 77092

**Fax the Parental Consent Form to:**

1-877-406-0658 (toll-free)

Please call 1-877-633-8747 (toll-free) if you have any questions or concerns.





## PARENTAL CONSENT FORM

Child's First Name: \_\_\_\_\_

Child's Last Name: \_\_\_\_\_

Child's Medicaid Number: \_\_\_\_\_

My name is \_\_\_\_\_ . I am the Parent or Legal

Guardian of \_\_\_\_\_ , who is age 15 to 17  
years old.

I give MTM permission to set up rides for, and provide rides to my son/daughter/minor dependent whose name I have written in this form. I understand these rides will carry my son/daughter/minor dependent to and from their covered healthcare visits. I further understand MTM may set up and provide these rides when I am not able to ride along and no other adult is able to make the trip.

This Parental Consent Form goes into effect when I sign it. I understand it will stay in effect until I write to MTM and ask that this agreement is canceled.

\_\_\_\_\_  
Print your name

\_\_\_\_\_  
How are you related to the child?

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Today's date

**Mail this form to:**

MTM  
Texas Care Management Department  
5151 Mitchelldale Street Suite A10  
Houston, TX 77095

**Fax this form to:**

1-877-406-0658 (toll-free)

