



Statement of Non-Operating Vehicle

Medical Assistance Recipient: \_\_\_\_\_ MA ID Number: \_\_\_\_\_

Recipient's Address: \_\_\_\_\_

Type and Year of Vehicle: \_\_\_\_\_ Owner of Vehicle: \_\_\_\_\_

What is wrong with the vehicle? \_\_\_\_\_

\_\_\_\_\_

I certify that the above information is correct and accurate to the best of my knowledge, and that my vehicle is not available to me to use at this time. I understand that I may receive medical assistance transportation from SmartLink Transit until \_\_\_\_\_ (30 days from today's date) at which time my vehicle will be repaired or my situation will be re-evaluated.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date