

 <b>WRAPAROUND MILWAUKEE Policy &amp; Procedure</b>	Date Issued: <b>9/16/98</b>	Reviewed: <b>12/16/10</b> By: <b>JF</b> Last Revision: <b>12/16/10</b>	Section: <b>PROVIDER NETWORK</b>	Policy No: <b>029</b>	Pages: <b>1 of 6</b> (6 Attachments)
	<input checked="" type="checkbox"/> Wraparound <input checked="" type="checkbox"/> Wraparound-REACH <input checked="" type="checkbox"/> FISS <input checked="" type="checkbox"/> Project O-Yeah	Effective Date: <b>1/1/11</b>	Subject: <b>TRANSPORTATION SERVICES</b>		

## I. POLICY

It is the policy of Wraparound Milwaukee and FISS Services that adequate transportation be available for all enrollees/families to assist with meeting needs identified in the Plan of Care and to increase independence in the community.

## II. PROCEDURE

### A. Types of Transportation Arrangements that can be made.

The Care Coordinator / FISS Case Manager can access transportation services for enrollees/families through one or more of the four ways listed below. **Transportation Service reimbursement should be sought through the means identified in #1, #2, & #3 prior to seeking Transportation Services through #4.**

#### 1. Care Coordination / Case Management Agency – Bus Tickets.

The Care Coordinator / FISS Case Manager can assist the enrollee/family with meeting the transportation needs of the enrollee/family by arranging for access to bus tickets and in some cases, bus passes.

#### 2. Medicaid – Billable Transportation.

When the enrollee's transportation needs can be covered under Medicaid, the Care Coordinator / FISS Case Manager should use Transportation [Providers](#) that can bill Medicaid directly. These resources are listed in the telephone book. Network Providers may also be used in this capacity, if they have the ability to bill services to Medicaid. **Funding for these transportation services should not be entered on a Service Authorization Request (SAR).**

Transportation needs covered under Medicaid are limited to medical-related appointments, doctor appointments, dental/vision appointments, therapy appointments, transportation to Medicaid Day Treatment Programs and any other justifiable medical service.

A "CERTIFICATION OF NEED FOR SPECIALIZED MEDICAL VEHICLE TRANSPORTATION" (SMV) form (*see Attachment 1*) must be provided to the Transportation [Provider](#) so that the agency can bill Medicaid for provided services. The Care Coordinator / FISS Case Manager should work with the Transportation [Provider](#) to arrange for completion of the SMV form prior to the client receiving services. (*See Attachment 2 for SMV Form Instructions.*)

A Medicaid billable transportation service can also be used for siblings/parents who have a physical disability or Medicaid diagnosis of SED. Separate SMV forms would need to be completed on all eligible recipients.

When an enrollee is able to safely use an automobile, bus or taxi, and the physician can no longer document the client eligibility for SMV services, Care Coordinators / FISS Case Managers may authorize one of the options identified below.

#### 3. School Mandated Transportation

A child who is identified as having special education needs and in need of transportation to school or a Medicaid Day Treatment Program should have this identified and supported in their Individualized

Educational Plan (IEP) and the Wraparound Plan of Care (POC) / Safety Services Treatment Plan. If it is supported in the child's IEP, **the child's school district is responsible** for the cost of transportation and it should **not** be authorized through the SAR process.

4. **Network Provider Transportation.**

Transportation and Taxi services are also available through the Wraparound Milwaukee Provider Network. Additional information regarding the use of Wraparound Milwaukee Provider Network transportation services is below.

**B. Network Provider Transportation - Care Coordinator / Case Manager Responsibilities.**

1. **Referrals.**

It is the responsibility of the Care Coordinator / FISS Case Manager to complete and fax a copy of the appropriate Transportation Referral Form to the Transportation **Provider** prior to the provision of services.

a. **Referral Forms and SAR Entry - Transportation Providers.**

The "REFERRAL FOR TRANSPORTATION" form (*see Attachment 3*) available on the "FORMS" tab in Synthesis (*Wraparound Milwaukee's Information Management System*) is completed for enrollees/family members referred for services from Wraparound Milwaukee Provider Network Transportation Providers. The service recipient(s) is identified as the "Name of the Person to be Transported" on the referral form. The Care Coordinator / FISS Case Manager must fax the completed form to the Provider Network Transportation service provider prior to the provision of service.

The Care Coordinator / FISS Case Manager must also enter a Service Authorization Request (SAR) in Synthesis prior to the service being provided.

b. **Referral Forms and SAR Entry – American United Taxi.**

The "REFERRAL FOR TRANSPORTATION-AMERICAB" (*see Attachment 4*) available on the "Forms" tab in Synthesis is completed for enrollees/family members referred for Taxi services. The Care Coordinator / FISS Case Manager must fax the referral form to American United Taxi prior to the provision of services. The referral form also serves as the authorization for payment for American United Taxi. There is **NO NEED TO ENTER A SAR for services provided by American United Taxicab** as service costs vary for each ride and all Taxi service related data entry is completed by Wraparound Milwaukee Finance Staff.

2. **Service Cancellations.**

If a transportation request needs to be cancelled for any reason, **it is the responsibility of the Care Coordinator / FISS Case Manager or designated Child & Family Team member** to notify the Transportation **Provider** regarding the cancellation. The call should be made as soon as the need to cancel becomes evident. This includes cancellation of "one time" and "repeat" rides.

3. **Changes in Enrollee/Service Recipient Contact Information.**

The Care Coordinator / FISS Case Manager is responsible for immediately notifying the Transportation/Taxi **Provider** of changes in the enrollee's status, address, and any changes related to the information on the Transportation Referral Form (such as contact persons names and numbers, etc.) including the names of contact persons at the clinics / facilities where the enrollee/service recipient is being transported for services. The Care Coordinator / FISS Case Manager is also responsible for sharing Transportation/Taxi contact and ride schedule information with family members/custodians and service providers that will be required to interface with the Transportation Provider(s). This is important, as these contact persons will be responsible for monitoring the enrollee/family member's reception by the Transportation/Taxi service provider, including seeing the

enrollees off, signing Transportation Provider trip verification logs and following up with Transportation [Providers](#) if they are running late.

4. **Pre-Authorization of Transportation Services [Extended Trips](#).**

Transportation service authorizations for trips that extend beyond 20 miles from the pick-up location to the destination or where the pick-up location is more than 20 miles from outside the City of Milwaukee require pre-authorization by Wraparound Milwaukee in advance of travel. Care Coordinators must submit the following information:

- Enrollee name.
- Name(s) of the individual(s) to be transported and their relationship to the enrollee.
- [Rationale for transportation services beyond 20 miles](#).
- Total number of trips for the month.
- Expected duration for the service [to include start and end dates](#).
- Pick-up address.
- Destination address.
- Transportation Provider name.
- Approximate total travel distance.

[The Care Coordinator will be notified](#) in writing with the authorization decision. Authorization [is](#) given for up to 60 days and must be resubmitted if the need continues.

C. **Transportation [Provider](#) Responsibilities.**

1. **Criminal History / Criminal Background Check.**

All Transportation Providers must comply with the Background Check requirements outlined in the Wraparound Milwaukee Fee-for-Service Agreement and Wraparound Milwaukee Background Checks/Milwaukee County Resolution Policy #057. This includes submitting driver background checks to the Wraparound Milwaukee Provider Network for review if the Department of Justice report shows any findings other than “no record found”.

2. **Valid Drivers License and Driver’s Abstract.**

Transportation [Providers](#) must maintain copies of current valid Wisconsin driver’s licenses for all drivers. A Driver’s Abstract must be conducted on each potential driver to assure a clean driving record (*see Attachment 5 – DMV’s DRIVERS ABSTRACT INFORMATION*). The Transportation [Provider](#) should forward reports with significant adverse activity to the Wraparound Milwaukee Provider Network for review.

Drivers of vehicles that are designed to serve 16 or more passengers, including the driver, must have a Commercial Driver’s License – Minimum Class C.

3. **Insurance Coverage.**

Transportation [Providers](#) must comply with all insurance requirements identified in the Wraparound Milwaukee Fee-for-Service Agreement.

4. **Vehicle Safety/Maintenance.**

A copy of a Vehicle Inspection Report for each transportation vehicle used by a Transportation Provider is to be submitted during the application process. As vehicles are added to the fleet, an Inspection Report must be obtained prior to using the vehicle in transporting enrollees/families. All vehicles inspected must have a sticker with the current year verifying the inspection. Vehicle inspection reports are to be made available to Wraparound Milwaukee upon request.

All vehicles used to provide services through the Wraparound Milwaukee Provider Network must be in good repair and equipped with functional seat belts for all passengers, a basic first aid kit and

properly maintained fire extinguisher. The driver and all passengers must wear seat belts that are properly secured at all times during transport.

5. **Dispatch/Communication.**

The Transportation **Provider** must have an agency staff person available to receive or make calls until the last enrollee of the day has been dropped off and received by a responsible caregiver.

All vehicle drivers must have some means of communication with the Provider Agency (i.e., cell phone, dispatch radio, etc.) while transporting enrollees. These communication devices must be in good working order and turned on at all times during transport.

6. **Referrals and Provider Emergency Plan.**

- a. Providers must ensure that they receive a referral form that has been completed by the Care Coordinator / FISS Case Manger prior to the provision of service.
- b. Providers are required to maintain up-to-date emergency contact information for all Wraparound Milwaukee/FISS service recipients. The Transportation **Provider** must also have a written Agency “Emergency Plan” (policy and procedure) for the driver to follow if an accident should occur, if a child becomes ill during transport or if any other “emergency” situation should arise.

7. **Transportation **Provider** Billing.**

- a. Transportation **Providers** are paid on a “per trip” basis. The “per trip” rate (established in the Fee-for-Service Agreement) is based on one passenger for a trip of up to 5.9 miles.
- b. Transportation **Provider** can be paid for up to four (4) additional passengers per trip (rate established in the Wraparound Milwaukee Fee-for-Service Agreement) if authorized by the Care Coordinator / FISS Case Manager on the “REFERRAL FORM FOR TRANSPORTATION”. Providers report additional passengers on the daily Trip Logs entered in Synthesis.
- c. Transportation **Providers** are paid a mileage adjustment for trips of 6.0 miles or more. This mileage adjustment is processed automatically by Finance Staff based on Trip Logs entered in Synthesis and payment is based on the rate established in the Wraparound Milwaukee Fee-for-Service Agreement.
- d. Transportation **Providers** are required to use Synthesis (*Wraparound Milwaukee’s Information Management and Online Billing System*) to submit monthly billing and trip logs. Provider training on the Wraparound Milwaukee online billing system is available through the Wraparound Milwaukee Finance Department. Providers bill for the number of trips provided. Wraparound Milwaukee Finance Department staff use information entered on each Trip Log to determine adjustments due to the Provider for additional passengers and/or mileage.
- e. Transportations **Providers** should work with the service recipient’s Care Coordinator / FISS Case Manager to minimize appointment “NO SHOWS”. Transportation **Providers** are reimbursed for up to 2 “NO SHOWS” per client per month. Payment for “NO SHOWS” is calculated by Wraparound Milwaukee Finance staff and is based on the Provider entering “zero” as the number of passengers on the trip log. Transportation **Providers** CANNOT bill a “no show” when they arrive late for a pick up and other arrangements have already been made to transport the passenger.

8. **Documentation / Signature Logs.**

Transportation Providers must maintain a “SIGNATURE LOG” for ALL rides billed to Wraparound Milwaukee and FISS. A “SIGNATURE LOG” (*see Attachment 6*) is available from Wraparound Milwaukee in Synthesis, which the Transportation Provider can use to satisfy this requirement.

The Signature Logs must contain the following:

- Transportation **Provider** Name.
- Enrollee Name.
- Month of Service and Year.
- Type of Trip.
- Date of Transport – date must include month/day/year.
- Service Recipient.
- Start Time.
- End Time.
- Trip Number (if using Synthesis generated Signature Log).
- Location.
- Number of riders.
- Driver Initials.
- Responsible Adult Signature.
- Relationship of Signature to Enrollee.

9. **Transportation Log / Documentation Maintenance.**

- a. The Transportation **Provider** must keep ONE (1) Log per enrollee/per month.
- b. The Transportation **Provider** can determine how they prefer to file their Logs at their Agency (*i.e., per month/year, per enrollee, etc.*) for active enrollees. If the Log is not being kept in the enrollee file during the time services are being actively provided, the Logs must be filed in the enrollee’s file after the last date of service.
- c. Referral Forms and other relevant enrollee related documentation must be kept in an organized manner and be easily accessible. Each enrollee must have his or her own file. All enrollee related information is confidential and all enrollee files must be kept in a safe and secure cabinet or room. Enrollee files of minors must be maintained at the agency until the youth turns 19 or 7 years past the last date of service, whichever is longer. Enrollee files of adults (*i.e., FISS enrollees*) must be maintained for 7 years after the last date of service.

10. **Pick-Ups, Drop-Offs and Running Late.**

a. **Pick-Up and Drop-Off**

All enrollees (minors) must be received by an identified / responsible adult caregiver when being dropped off at an agency, home, appointment, etc.

b. **Running Late.**

If a Transportation **Provider’s** driver anticipates that they are going to be **more than 15 minutes late** for a pick-up, they must notify the service recipient that they will be picking up or the identified contact person (*i.e., the Therapist, if the youth is at a counseling session*) responsible for the enrollee at that pick-up location of the anticipated late arrival time. It is also permissible for the Transportation **Provider** Dispatcher to make the call to the enrollee/contact person.

The driver/dispatcher should inform the enrollee/contact person of the situation and indicate the time that the driver will arrive. If this arrival time is acceptable to the enrollee/contact person, then no further arrangements need to be made. In the case of a late transport for a

minor, the contact person should then notify the identified caregiver of the situation and remain with the youth to provide supervision.

In a situation in which 15 minutes have lapsed and the enrollee/contact person has not received a call from the Transportation **Provider's** driver indicating that they are running late, the enrollee/contact person should initiate a call to the Transportation **Provider** to inquire about the arrival time. If the Transportation **Provider** cannot be reached, then the enrollee /contact person will need to decide if they want use an alternate means of transportation.

If returning from an appointment, the contact person of the agency waiting for the Transportation services should refer to the service recipient's Referral Form for caregiver phone numbers, emergency contacts and Care Coordinator / FISS Case Manager phone numbers to assist them in coordinating an alternate means of transportation.

If an alternate means of transportation is sought and arranged, and the Transportation **Provider's** driver arrives in the meantime, the enrollee/contact person (*with permission from the caregiver in the case of a minor*) should inform the individual with whom arrangements have been made and they should collaboratively determine if the Transportation **Provider's** driver should still do the transport. If it is determined that the Transportation **Provider's** driver should not transport the enrollee, then the Transportation **Provider** cannot bill for that transport or for the contact as a NO SHOW.

11. **Physical Contact (Touching) / Harassment.**

Under no circumstances should a Transportation **Provider's** driver have physical contact with an enrollee (*exception to the above applies when the enrollee needs assistance entering or disembarking from the van due to a disability*). Drivers may not have personal or other contact with service recipients outside the provision of the authorized service (i.e., outside the work environment).

Reviewed & Approved by: \_\_\_\_\_



Bruce Kamradt, Director

**WISCONSIN MEDICAID  
 CERTIFICATION OF NEED FOR SPECIALIZED MEDICAL VEHICLE TRANSPORTATION**

**Instructions:** Type or print clearly. All areas of this form must be completed and signed by a medical care provider (evaluator) to verify the need for specialized medical vehicle (SMV) transportation. Only a physician, physician assistant, nurse midwife, or nurse practitioner may be an evaluator and sign this form. Refer to the Certification of Need for Specialized Medical Vehicle Transportation Completion Instructions, F-1197A, for information on completing this form.

**SECTION I — MEMBER INFORMATION**

1. Name — Member (Last, First, Middle Initial)	2. Member Identification Number	3. Member's Date of Birth (MM/DD/YY) (Optional)
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**SECTION II — ELIGIBILITY FOR SPECIALIZED MEDICAL VEHICLE TRANSPORTATION**

4. Does the member have a physical / mental impairment that contraindicates safe travel by common carrier such as accessible mass transit, taxi, or private vehicle?

If "no," then **STOP** here. Do **not** complete or sign this form. Instead, refer the member to the Medicaid transportation coordinator at his or her local county or tribal agency.

If "yes," then complete Sections III and IV of this form.

**SECTION III — DIAGNOSIS INFORMATION AND VERIFICATION OF MEDICAL CONDITION**

5. I have evaluated this member and certify that he or she is one of the following. (Refer to the completion instructions of this form for definitions of indefinitely and temporarily disabled.) (Check one.)

Indefinitely disabled. This form is valid for three years (36 months) from the date signed by the medical care provider.

Legally blind. This form is valid for three years (36 months) from the date signed by the medical care provider.

Temporarily disabled. This form is valid for no more than 90 days from the date signed by the medical care provider. (This certification of need may be renewed after 90 days, if necessary.)

If less than 90 days, state expected duration of disability: \_\_\_\_\_ days

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6. Does the member require the use of a wheelchair or scooter?

Yes     No

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7. The evaluating medical provider is required to explain in the space provided why the member's physical / mental condition requires transportation in an SMV and why the member cannot access mass transit, taxi, or a private vehicle. Include the diagnosis, if possible.

**SECTION IV — MEDICAL CARE PROVIDER (EVALUATOR) INFORMATION**

**I, the medical provider (physician, physician assistant, nurse midwife, or nurse practitioner), have evaluated this member and certify that he or she has a condition that contraindicates safe travel by common carrier, such as private vehicles or mass-transit services, and requires the use of an SMV for transportation to receive medical services.**

8. SIGNATURE — Evaluator		9. Date Signed — Evaluator
10. Name — Evaluator (Print)		11. Position Title — Evaluator
12. National Provider Identifier	13. Taxonomy Number (Optional)	14. Practice Location ZIP+4 Code (Optional)

DEPARTMENT OF HEALTH AND FAMILY SERVICES  
Division of Health Care Financing  
HCF 1197A (11/06)

STATE OF WISCONSIN

## WISCONSIN MEDICAID CERTIFICATION OF NEED FOR SPECIALIZED MEDICAL VEHICLE TRANSPORTATION COMPLETION INSTRUCTIONS

Wisconsin Medicaid requires certain information to enable Medicaid to authorize and pay for medical services provided to eligible recipients.

Recipients are required to give providers full, correct, and truthful information for the submission of correct and complete claims for Medicaid reimbursement. This information should include, but is not limited to, information concerning eligibility status, accurate name, address, and Medicaid identification number (HFS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about Medicaid applicants and recipients is confidential and is used for purposes directly related to Medicaid administration, such as determining eligibility of the applicant, processing prior authorization requests, or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of Medicaid payment for the services.

The use of this form is mandatory. Wisconsin Medicaid will not accept alternate versions of this form. Completed forms that appear to be altered in *any* way will not be accepted. For further instructions or questions, refer to the Specialized Medical Vehicle Handbook or contact Provider Services at (800) 947-9627 or (608) 221-9883.

### INSTRUCTIONS — SPECIALIZED MEDICAL VEHICLE PROVIDER

1. Give a copy of this form to the recipient requesting specialized medical vehicle (SMV) transportation for his or her medical care provider (evaluator) to complete if he or she does not already have a copy. Wisconsin Medicaid will not accept alternate versions of this form. Completed forms that appear to be altered in *any* way will not be accepted. The form is valid only if every element is completed and has the medical provider's original signature (i.e., not a stamped or photocopied signature.) Wisconsin Medicaid will not accept incomplete forms or forms without original signatures; however, faxes from the medical care provider are acceptable.
2. Accept the form only if the date of receipt is within 14 working days from the date the medical care provider (evaluator) signs the form. If the form indicates that the recipient is temporarily disabled, the certification of need is valid for the period indicated on the form in Element 4. This period must be no more than 90 days from the date the medical care provider signed the form. If the form indicates that the recipient is indefinitely disabled or legally blind, the certification of need is valid for three years (36 months) from the date the medical care provider (evaluator) signed the form.
3. Retain the completed original in the recipient's file for five years from the last date of service billed under this form. Failure to retain this form may result in recovery of Medicaid payment for the SMV services provided to the recipient.

### INSTRUCTIONS — MEDICAL CARE PROVIDER (EVALUATOR) COMPLETING FORM

Type or print clearly.

#### Section I

Enter the recipient's full name and Wisconsin Medicaid identification number; including a middle initial is optional. The date of birth is also optional.

#### Section II

Determine whether or not the recipient has a condition that contraindicates safe travel by common carrier such as accessible mass transit, taxi, or private vehicle. If not, **stop** here and refer the recipient to the Medicaid transportation coordinator at his or her county/tribal social or human services agency. If yes, complete Sections III and IV.

#### Sections III and IV

Complete Sections III and IV if the recipient's condition contraindicates safe travel by common carrier such as accessible mass transit, taxi, or private vehicle. Sign and date Section IV only if the provider has evaluated this recipient and finds that he or she is legally blind or disabled and cannot travel safely by common carrier, such as a private vehicle or accessible mass transit. The provider's signature must be original and cannot be stamped or photocopied. Give the original form to the recipient and keep a copy.

#### Definitions

*Indefinitely Disabled* — As stated in HFS 107.23(1)(c)1, Wis. Admin. Code, "indefinitely disabled" means a chronic, debilitating physical impairment which includes an inability to ambulate without personal assistance or requires the use of a mechanical aid such as a wheelchair, a walker or crutches, or a mental impairment which includes an inability to reliably and safely use common carrier transportation because of organic conditions affecting cognitive abilities or psychiatric symptoms that interfere with the recipient's safety or that might result in unsafe or unpredictable behavior. These symptoms and behaviors may include the inability to remain oriented to correct embarkation and debarkation points and times and the inability to remain safely seated in a common carrier cab or coach.

*Temporarily Disabled* — A condition that meets the above definition but is expected to exist only for a limited time.



## TRANSPORTATION REFERRAL FORM

**Enrollee Name:** Client, Sample

Initial Referral Date: 10/15/09

DOB: 1/1/91      Gender: Female

Referred by:

ID Number:: 7976

Phone Number(s):

Email:

Current Referral Date	10/15/09
Transportation Vendor Requested	All Care Transportation, LLC
Phone number for driver to call	555-5555
Name of person(s) to be transported	1
Relationship to youth	Self
Reason for transportation request	Therapy Appts
Pick Up Date	10/28/09
Pick Up Time	3:30 PM
Pickup Location	1234 Any Street
Drop Off Time	4:00 PM
Dropoff Location	7890 Main Street
How often will trips occur	Weekly
If this is a recurring trip, specify details	Weekly Therapy Appointment Each Wednesday for the next 8 weeks.
Trip Type	Round Trip
If a round-trip ride, second pick-up time	5:00 PM
<b>American Taxi DOES NOT ACCEPT ADVANCE REQUESTS for the Round Trip Return Ride. The passenger needs to call 220-5000 for a Taxi when ready for a return ride.</b>	
Emergency Contact Name	Mrs. Sample Client
Emergency Contact Phone	555-5555
Medical Concerns, if any	None
Wheelchair Needed?	No
SMV Form Status	Attached
Other Notes, if any	Medicaid can be billed as these are therapy appointments.



## Transportation Request from Wraparound Milwaukee

Enrollee Name: Client, Sample

DOB: 1/1/91

## Referred by:

Name/Phone:

Email

American United Taxicab

Fax to 414-220-5017

Acct. No. WM 15

ID Number: 7976

Phone number for driver to call	555-55555
Name of person(s) to be transported	1
Relationship to youth	Self
Reason for transportation request	Doctor/Dentist
Pickup Date	10/23/09
Pickup Location	1234 Any Street
Time of Appointment	10:00 AM
Dropoff Location	4321 Main Street
How often will trips occur?	Single Ride
Trip Type	Round Trip
Emergency Contact Name	Mrs. Sample Client
Emergency Contact Phone	555-55555
Medical Concerns, if any	None

Care Coordinators Note: American United Taxicab requires that a **Transportation Request form be faxed to them FOR ALL NEW RIDES AND RIDES WHERE THE PICK-UP TIME VARIES.**



Points/driver records

Check your driver's license status

Driver license points - frequently asked questions

**Driver record abstracts**

Out-of-state traffic violations

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Request your driving record

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## Driver record abstracts

Driver record abstracts are computer-generated copies of the Division of Motor Vehicles (DMV's) driver records. Most driver record entries are retained for five years; however, certain convictions can result in a driver record being retained indefinitely.

Driver abstracts contain the following standard information:

- name and address
- driver license or identification card number
- sex and date of birth
- former names
- dates and types of traffic convictions, accidents, restrictions, and withdrawals

More information on:

- Requesting a copy of your own driving record
- Requesting a copy of someone else's driving record

Some large volume requesters maintain accounts for immediate response by the [Public Abstract Request System \(PARS\)](#). PARS is a secure Web-based system that allows participating accountholders to have instant access to driver record abstracts via Portable Document Format (PDF) images.

Commercial driver employers are eligible to enroll in the [Employer Notification program](#). This program is available to PARS participants and identifies any enrolled commercial driver with recent activity on their driving record.

Other volume users provide computer tapes of requests for next-day return of abstract information. Brokers are authorized recipients of the DMV records who resell or re-disclose the record information to other private entities.

### Why WisDOT provides this information

Wisconsin's Motor Vehicle and Open Records Laws provide that anyone who requests a driver abstract, pays the appropriate fee and provides a completed Vehicle/Driver Record Information Request form MV2896  can request any person's driver record information.

### Confidential information

Medical information is confidential and is only released if the driver has signed a release

### Related links:

[Request your own driver abstract](#)

authorization form. Certain information on juveniles (such as suspensions for juvenile alcohol and truancy) is also confidential and will only be released to courts, law enforcement and, in some cases, parents or guardians.

Social Security numbers are used for driver licensing purposes and are not available to the public. Identification (ID) card information is also confidential and can only be released to the courts, district attorneys, county corporation counsels, city, village or town attorneys, law enforcement agencies, the ID card holder, or to the parent/legal guardian of an ID card holder who is under 18 years of age.

### **Opting out for requests from marketing and research entities**

Customers can "opt out" from having their name included by completing form [MV3592](#) . If 10 or more records are requested, their personal identifiable data will be suppressed. Forms can also be obtained at all [DMV service centers](#).

For more information contact:

- E-mail: [driverrecords.dmv@dot.state.wi.us](mailto:driverrecords.dmv@dot.state.wi.us)
- Phone: (608) 266-2353

### **Federal Driver's Privacy Protection Act**

The Federal Drivers' Privacy Protection Act became effective on April 13, 2000, requiring that any request for driver record information be accompanied by a MV2896 (DPPA) form. The form requires information regarding the requester, name of person about whom record(s) are being requested and authorization for the information.

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 You will need the Adobe Reader (provided free of charge) to view PDF files. For more information about getting your free copy of the Adobe Reader, visit [WisDOT's Software information page](#).

Questions about the content of this page:  
Bureau of Driver Services, [driverrecords.dmv@dot.state.wi.us](mailto:driverrecords.dmv@dot.state.wi.us)  
Last modified: September 28, 2009

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Points/driver records

Check your driver's license status

Driver license points- frequently asked questions

Driver record abstracts

Out-of-state traffic violations

Point system

**Request your driving record**

Traffic convictions

Traffic safety courses

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## Request your own driving record

Your motor vehicle driving abstract (commonly called a driving record) contains your driving history for a specific period of time. Most entries remain on your record for 5 years, except for serious offenses or alcohol related convictions, which remain on your record for 55 years.

The Division of Motor Vehicles (DMV) does not have a public counter where driving records can be obtained. You can request a copy of your own driver record over the phone or by mail.

To purchase your record by phone, call (608) 261-2566. The automated system, available 24 hours a day, 7 days a week, will prompt you to enter your Social Security Number. It is very important that you listen to the complete message and follow the instructions given, or the transaction will not be completed and your request will not go through.

A bill, charging the appropriate fee(s), and your driver record abstract will be mailed to the address on your driving record the next business day. BDS108 will provide you with an explanation of the codes used on the driver record abstract.

To purchase your record by mail, complete a Vehicle/Driver Record Information Request Form MV2896 and mail it with the appropriate fee to:

Wisconsin Department of Transportation  
P.O. Box 7995  
Madison, WI 53707-7995

You can check the current status of your driver license online or call (608) 264-7133 (for a recorded message, 24 hours a day). You will need your Social Security number and date of birth to access this information.

If you have questions about specific convictions:

- E-mail: [driverrecords.dmv@dot.state.wi.us](mailto:driverrecords.dmv@dot.state.wi.us)
- Call: (608) 266-2353

You will need the Adobe Reader (provided free of charge) to view PDF files. For more information about getting your free copy of the Adobe Reader, visit WisDOT's Software information page.

Questions about the content of this page:  
Bureau of Driver Services, [driverrecords.dmv@dot.state.wi.us](mailto:driverrecords.dmv@dot.state.wi.us)  
Last modified: June 9, 2009

# VEHICLE / DRIVER RECORD INFORMATION REQUEST

Wisconsin Department of Transportation

MV2896 9/2008 Title 18 USC Section 2721-2725 and s.19.36(1) Wis. Stats.

NOTE: This form may be photocopied for future use.

This form is also available in .pdf format on the DOT website at [www.dot.wisconsin.gov/drivers/forms/mv2896.pdf](http://www.dot.wisconsin.gov/drivers/forms/mv2896.pdf)

**This request must be completed before information about a Wisconsin vehicle/driver record can be obtained.**

Knowledge of what access and uses are permitted under the listed Federal Acts is the responsibility of the requester.

## Section A - Requester Information

Name - Firm, or Corporation	DMV Agency Code/Account # - If Applicable	Area Code-Telephone 7:00 a.m. - 4:30 p.m.	
Name - Person Completing This Form		Area Code-Telephone #	
Street Address	City	State	ZIP Code
Mailing Address (If Different from Above)	City	State	ZIP Code

## Section B - Record Information Request - Complete if requesting individual driver/vehicle records only.

**I (we) request the following record information:** Please provide information for each individual driver record or vehicle that you are requesting.

Check One:

**Driver Record Information**

**Certified Driver Record Information**

Name of Person about whom record(s) are being requested	Wisconsin Driver License Number	Birth Date
1		
2		

Check One:

**Motor Vehicle Record Information**

**Certified Motor Vehicle Record Information**

Please explain request in Comments area below

Vehicle Year	Make	Vehicle Identification Number	Current Plate No. or DisID No.	Information Requested		
				Current Owner	or	* History of All Owners
1				<input type="checkbox"/>	or	<input type="checkbox"/>
2				<input type="checkbox"/>	or	<input type="checkbox"/>

\* Note: If you request the history of all owners, an additional charge of \$5 per owner will be assessed.

**Comments** - Please be specific when describing your request, for example, lien information, a complete history, current owner only, etc.

## Section C - Authorization

Please check the statement below that allows you authorization to obtain personal information. Sign certification.

**I (we) are authorized under the Federal Driver's Privacy Protection Act to obtain the identified records and personal information based on the following:**

1. Authorized for use, if the requester demonstrates that they have obtained the written consent from the person about whom the information pertains. This is not for DMV account holders.
- (a) I am requesting a copy of my own record.
  - (b) I am a parent or legal guardian of a minor child and am requesting a copy of his/her record.
  - (c) I am requesting the record of another person and have attached their written consent.
2. For use in connection with matters of motor vehicle or driver safety and theft; motor vehicle emissions; motor vehicle product alterations, recalls, or advisories; performance monitoring of motor vehicles, motor vehicle parts and dealers; motor vehicle market research activities, including survey research; and removal of non-owner records from the original owner records of motor vehicle manufacturers to carry out the purposes of the Automobile Information Disclosure Act, the Anti-Car Theft Act of 1992, and the Clean Air Act.
3. A government agency (federal, state, local or tribal) or employed by such, for the purpose of the government agency to carry out its functions.

**Please sign on the reverse side.**

- 4. A federal, state, circuit, local, or tribal court, or employed by such, for the purpose of the court to carry out its functions.
- 5. A Wisconsin or out-of-state law enforcement agency, or employed by such, for the purpose of the law enforcement agency to carry out its functions.
- 6. Authorized representative, agent, contractor, or employed by such, of a legitimate business and the vehicle/driving record being requested will be used for normal course of business, but only to:
  - a. Verify accuracy of the personal information;
  - b. Obtain correct information, but only for purposes of preventing fraud, pursuing legal remedies, or collecting a debt.
- 7. Authorized for use in connection with any civil, criminal, administrative, or arbitral proceeding in any federal, state, circuit, local, or tribal court or agency, or before any self-regulatory body, including the service of process, investigation in anticipation of litigation, and the execution or enforcement of judgments and orders, or pursuant to an order of a federal, state, circuit, local, or tribal court.
- 8. Authorized for use in research activities and producing statistical reports, as long as the personal information is not published, redisclosed, or used to contact individuals.
- 9. Authorized representative, agent, contractor, or employed by such, of an insurer, insurance support organization or self-insured entity and the vehicle/driving record(s) being requested will be used only in connection with the following:
  - a. Claims investigation;
  - b. Anti-fraud activities;
  - c. Rating or underwriting.
- 10. Authorized for use in providing notice to the owners of towed or impounded vehicles.
- 11. Authorized representative or owner of a licensed private investigative agency or licensed security service and the vehicle/driving record is being requested for the use of purposes permitted under the Federal Driver's Privacy Protection Act.
- 12. Authorized as an employer, or its agent or insurer for use in obtaining or verifying information relating to a holder of a commercial driver license (CDL).
- 13. Authorized representative or owner of a private toll transportation facility for use in the operation of the facility.

The Driver Privacy Protection Act (DPPA) is enforced by the U.S. Department of Justice, which may seek civil and criminal penalties for improperly obtaining, disclosing, or using personal information from a motor vehicle record for a purpose not permitted by the DPPA. In addition, private citizens may also seek civil damages in Federal Court.

**Certification**

I (we) certify that the information and statements on this request are true and correct, comply with the provisions of the Federal Driver's Privacy Protection Act and understand that the willful, unauthorized disclosure of information obtained from these records for a purpose other than stated on this request, or the sale or other distribution of the information to a person or organization not disclosed in this request may result in penalties imposed under Title 18 U.S.C. Section 2724.

**X**

(Requester Signature)

(Date Signed)

**NOTE:** Incomplete or incorrect information provided in section "B" may result in an additional \$5 fee per driver record, and \$5 fee per vehicle or DisID record. Also, \$0.25 may apply per photocopy.

Mail completed form with check or money order made payable to: **Registration Fee Trust**

<p><b>Non-Certified Driver Record</b> Fee: \$5.00 ea.</p> <p><b>Mail fee(s) with completed form to:</b> Driver Records Wisconsin Department of Transportation PO Box 7995 Madison WI 53707-7995</p>	<p><b>Certified Driver Record</b> Fee: \$10.00 ea.</p> <p><b>Mail fee(s) with completed form to:</b> Citations &amp; Withdrawals Section Wisconsin Department of Transportation PO Box 7917 Madison WI 53707-7917</p>	<p><b>Non-Certified Vehicle Record Fee:</b> \$5.00 ea. <b>Certified Vehicle Record Fee:</b> \$10.00 ea.</p> <p><b>Mail fee(s) with completed form to:</b> Vehicle Records Section Wisconsin Department of Transportation PO Box 7911 Madison WI 53707-7911</p>
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**Please attach a stamped, self-addressed envelope for return of the requested information.**

