



Wisconsin's Self-Directed Supports Program

Please use the associated form to order **Waukesha Metro Transit** transportation tickets.

Instructions:

- Enter the Service Date (the month for which you are purchasing tickets).
- Print the Participant Name, Address and Phone Number.
- Complete the number (Quantity) of strips requested. There are 10 tickets per strip.
- Multiply the number of strips desired (please see order form for options) by the cost per strip. Please keep the IRIS Participant's estimated budget (plan cost) in mind.
- Fill in the total amount due.
- Participant or Guardian should sign and date the form.
- Return the completed order form by mail, fax or email to:

IRIS Financial Services Agency
2020 West Wells Street
Milwaukee, WI 53233
Fax: (414) 937 2034
Email: IRIS@mcfi.net

After the IRIS Financial Service Agency receives the order form, the request will be checked against the IRIS Participant's state-approved budget (plan). The IRIS Financial Service Agency will fax a signed copy of the form to the Transportation Provider (**Waukesha Metro Transit**). The Transportation Provider (**Waukesha Metro Transit**) will either mail the tickets to the participant or anticipate that the participant will call to make pick-up arrangements. The Transportation Company (**Waukesha Metro Transit**) will then bill the IRIS Financial Service Agency for the services.

If you have any questions, please call the IRIS Financial Services Agency at (888) 800 5599.



FINANCIAL SERVICE AGENCY

Order Form

Waukesha Metro Downtown Transit Center



MAIL CHECK TO PARTICIPANT

Participant Name: _____
 (Please print)

Address: _____

Phone Number: _____

Service Date: _____

Service Code: T2003

Vendor: **Waukesha Metro
 Downtown Transit Center**
 212 E. St. Paul Avenue
 Waukesha, WI 53188

Metrolift (Must be certified) \$35.00 for 10 tickets or \$3.75 one way	Quantity: 1 strip=10 tickets	Total Amount: \$
Elderly/Disabled Tickets (Medicare or Metro ID Required) \$10.00 for 10 tickets	Quantity: 1 strip=10 tickets	Total Amount: \$
Adult Tickets \$17.50 for 10 tickets	Quantity: 1 strip=10 tickets	Total Amount: \$
Elderly/Disabled Passes (Medicare or Metro ID Required) \$33.00 per Month	Quantity:	Total Amount: \$
Adult Monthly Passes \$44.00 each pass	Quantity:	Total Amount: \$

Approved _____ Date _____
 (Participant/Participant's representative signature)