



Balsam Lake Office

Polk Co. Govt. Center, 100 Polk Co. Plaza #60, Balsam Lake, WI 54810  
Phone: 715-485-8449 Fax: 715-485-8460

Siren Office

Burnett Co. Govt. Center, 7410 Co. Road K #180, Siren, WI 54872  
Phone: 715-349-2100 Fax: 715-349-8644

ELDERLY AND DISABLED TRANSPORTATION PROGRAM APPLICATION

2019

VETERAN DEMOGRAPHIC INFORMATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First M. I. Mo Day Yr

Address \_\_\_\_\_  
Street/Road City/Town State Zip

Billing Address \_\_\_\_\_  
(If different from above)

Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_  
Name number Relationship

Please provide name, age, and relationship of those living with you \_\_\_\_\_  
\_\_\_\_\_

**Please check the following:**

Male \_\_\_\_\_ Female \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

Race: White \_\_\_\_\_ Native American \_\_\_\_\_ African American \_\_\_\_\_ Hispanic \_\_\_\_\_ Asian \_\_\_\_\_ Pacific Islander \_\_\_\_\_

Disabled: Yes \_\_\_\_\_ Temporary \_\_\_\_\_ Permanent \_\_\_\_\_  
No \_\_\_\_\_

Veteran: Yes \_\_\_\_\_ No \_\_\_\_\_

**Do you use the following aids: (check all that apply)**

\_\_\_ Walker \_\_\_ Manual wheelchair \_\_\_ Crutches \_\_\_ Seat Belt Extender  
\_\_\_ Portable oxygen \_\_\_ Service dog \_\_\_ Cane

Are you able to transfer to a seat with little or no assistance Yes \_\_\_\_\_ No \_\_\_\_\_

**\*Our transportation service uses volunteers and their own personal vehicles, which are not handicap accessible. In addition, our driver can only offer minimal assistance. If our program does not fit your needs, feel free to call our office for other transportation resources.**

Assistance needed: \_\_\_ curb-to-curb \_\_\_ to door \_\_\_ indoor



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Please complete financial information on reverse side.

FINANCIAL INFORMATION

Medicaid benefits: No \_\_\_ Yes \_\_\_, if yes, Forward Health # \_\_\_\_\_

Long Term Care Assistance through Community Care of Central WI (CCCW) or IRIS: No \_\_\_ Yes \_\_\_

Are you receiving SSI (Supplemental Security Income) or SSDI (Social Security Disability Income) No \_\_\_ Yes \_\_\_

IF YES - \*Please submit your benefits verification form with this form.\*

Have you been denied SSI or SSDI benefits No \_\_\_ YES \_\_\_

IF YES - \*Please submit your benefits denial form with this form.\*

Co-Payment Agreement

**Trips to a VAMC (Minneapolis, St Cloud or Rice Lake):** For Veterans who receive travel pay, the cost is equal to the amount of travel pay they receive for the trip. For Veterans who do not receive travel pay, the cost is \$30.00 per roundtrip.

Do you receive Travel Pay: Yes \_\_\_ No \_\_\_

Please sign below if you understand the co-payment associated with any VA related ride

Signature \_\_\_\_\_ Date \_\_\_\_\_

For any Non-VA related rides, sign below agreeing to pay 29 cents per unloaded mile.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*For Non-VA rides, the unloaded miles are the miles starting from and ending at the volunteer driver's home. If there is more than one volunteer for your trip, we pick the volunteer closest to the passenger to ensure co-payments are as low as possible.

**Office use only:**  
Entered \_\_\_/\_\_\_/\_\_\_ Initials\_\_\_ Policy Mailed \_\_\_/\_\_\_/\_\_\_ Initials\_\_\_ Medicaid Verified \_\_\_/\_\_\_/\_\_\_ Initials\_\_\_  
Waiver: YES \_\_\_ No \_\_\_ Initials\_\_\_