ELDERLY AND DISABLED TRANSPORTATION PROGRAM APPLICATION 2020

I am interested in: (circle)	Medical trips	Social trips	Shopping	Any or All types

Name _____ **Date of Birth** _____-_____-_____
(Last, First, MI)

Address _____ _____ _____ _____
Street/Road City/Town State Zip

County of Residence: ☐ **Polk** ☐ **Burnett**

Billing Address_____
(If different from above)

Phone Number_____ **Cell Phone** _____ **Email** _____

Emergency Contact _____
Name number Relationship

_____

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 _____ Not Disabled: _____

Do you use the following aids: (check all that apply)
___ Walker ___ Manual wheelchair ___ Crutches
___ Portable oxygen ___ Service dog ___ Seat Belt Extender

Are you able to transfer to a seat with little or no assistance No ____ Yes ___
*Some services may be limited if assistance is needed

Assistance needed: _____ curb-to-curb _____ to door _____indoor

***** Please note: we rely on volunteers for most of our services; we cannot guarantee service but we will do our best to fill every request. The earlier you call the better chance to fill the ride.***

Please complete information on reverse side.

Transportation Options

Are you on Medicaid? No ____ Yes ____ If yes, Forward Health # _____

Do you receive Long Term Care Assistance through Inclusa 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.**

Are you a veteran? No _____ Yes _____

Trips to a VAMC: You may be eligible for VA travel pay benefits to help defray the cost of this service. The cost of the volunteer driver is $30 per roundtrip; if a handicapped accessible vehicle is needed the cost is $50 per roundtrip. To maintain these low rates for our Veterans, all VA travel pay received for these trips are to be turned over to the VA Transportation program of the ADRC. At times your benefit may not be enough for the full cost and you will need to pay the remainder out of pocket.

A**re you eligible for Travel Pay**? Yes _____ No _____ Unsure _____

Volunteer program co-payments (non VAMC medical trips): Fees are calculated using loaded and unloaded miles from volunteer driver's home round trip back to volunteer driver's home. We strive to get the volunteer closest to your home, but costs of the same trip may vary based on the driver available. The co-payment is **28.75 cents/mile**. For passengers using the volunteer driver program 5 or more times per month, the ADRC is able to offer a rate of .14 cents/mile. These rates are based on the IRS rates and can change from year to year. The office will notify passengers of any increases or decreases.

Van/Bus Fare: These are for trips that are pre-scheduled by the ADRC and open to the public and may change. **$1/trip** If you are interested in using an accessible vehicle for a trip not open to the public, special rates apply. Please contact Sheri at 877-485-2372.

This information is true and complete to the best of my knowledge. I understand this information is gathered to determine the best transportation resources for me and will remain confidential. I understand I am responsible for the fees described above. If I am unable to make payment in full I will contact Sheri to discuss other options. Failure to pay may lead to a suspension of services.

Signature _____ Date _____

Office use only:
Entered__/__/__ Initials _____ Policy mailed __/__/__ Initials _____ Medicaid Verified __/__/__ Initials____
Waiver: YES ____ NO ____ Initials _____