

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.

Are 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 **32.75 cents/mile**. For passengers using the volunteer driver program 5 or more times per month, the ADRC can offer a rate of **16.37 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. **\$2/trip**

If you are interested in using an accessible vehicle for a trip not open to the public, special rates apply. Please contact Cheryl 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 Cheryl 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 _____