



2026
ELDERLY AND DISABLED TRANSPORTATION
PROGRAM APPLICATION

I am interested in: (mark all that apply) Medical trips Social trips Shopping/Personal Errands

PERSONAL INFORMATION

Name _____ **Date of Birth** _____ - _____ - **19**_____
First Name, Middle Initial, Last Name

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

County of Residence: Polk Burnett

Billing Address _____
(If different from above)

Phone # _____ Cell Landline **Email** _____

EMERGENCY CONTACT

Name _____ **Phone #** _____ **Relation** _____

TELL US A LITTLE MORE ABOUT YOURSELF

Marital Status: Single Married Divorced Widowed **Gender:** Male Female

Race: White Native American African American Hispanic Asian Pacific Islander

Disability: I'm not disabled Yes, I am Permanently _____ I am Temporarily _____ disabled

Are you visually impaired? No Yes, please check the box that describes your vision impairment
 Partially Blind due to... Macular Degeneration Glaucoma Cataracts **Totally Blind**

Do you require a seatbelt extender while riding as a passenger in a vehicle? No Yes

Driver assistance consists of curb-to-curb transportation. You must be able get yourself from your home into the vehicle as well as handle your own grocery shopping and/or bags.

Please complete the information on the next 2 pages →

TRANSPORTATION PROGRAM APPLICATION continued...

Which mobility aid do you use most, and in what capacity where noted?

Cane Crutches
 Walker - standard size - *I am able to collapse and lift it into a vehicle on my own?* No Yes
 Walker - large size with seat/basket and handbrakes - *I am able to collapse and lift it into a vehicle on my own?* No Yes
 Manual Wheelchair standard size oversized
I am able to navigate on my own and lift it into a vehicle on my own? No Yes
 Electric Wheelchair
 Other _____

Are you able to transfer to a chair or vehicle seat with little or no assistance? No Yes

Do you carry portable oxygen? No Yes

Do you bring a service dog during your rides? No Yes

Are you a veteran of the armed services? No Yes

Are you on Medicaid i.e. Forward Health/BadgerCare? No Yes, Forward Health # _____

Are you eligible for Travel Pay? No Yes Unsure

TRANSPORTATION INFORMATION

Trips to a VAMC: You may be eligible for VA travel pay benefits to help defray the cost of this service. **The cost will be as follows: If UNDER 82 miles the price will be based on mileage at a rate of 36.25 cents/mile roundtrip; If OVER 82 miles the price will be a flat rate of \$30; 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 is to be turned over to the ADRC Transportation program. At times your benefit may not be enough for the full cost, and you will need to pay the remainder out of pocket.

Volunteer program co-payments (non VAMC 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 **36.25 cents/mile**. For passengers using the volunteer driver program five (5) or more times per month, the ADRC can offer a rate of **18.13 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.

Please complete the information on the next page →



Van/Bus Fare: These are for trips that are pre-scheduled by the ADRC and open to the public. Trips may be changed or cancelled without notice - **\$2.00 per trip.**

If you are interested in using an accessible vehicle for a trip that is not open to the public, special rates apply. Please contact ADRC Transportation at (715) 485-8592

The ADRC of NW WI operates its programs and services without regard to race, color, national origin, disability, sex, age, religion, income status or limited English proficiency (LEP) in accordance with Title VI of the Civil Rights Act, Americans with Disabilities Act (ADA), and related non-discrimination authorities. For more information on the Recipient’s civil rights program, ADA obligations, and the procedures to file a complaint, contact the ADRC of NW WI, adrc@polkcountywi.gov, (877) 485-2372 (for hearing impaired, please use Wisconsin Relay 711 service <https://wisconsinrelay.com>).

Specifically, 42 USC 2000d states:

“No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.”

49 CFR Section 37.5 states:

“No entity shall discriminate against an individual with a disability in connection with the provision of transportation service.”

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 an ADRC Transportation Coordinator to discuss other options. I understand that failure to pay may lead to a suspension of services.

Signature _____ **Date** _____

**** Please note our ride services are provided by volunteer drivers, so we are unable to guarantee rides. We will do our best to fill every ride request. ****

Please return completed application via:

Fax: (715) 500-6504

Email: ADRCTransportation@polkcountywi.gov

Mail: ADRC of NWWI, 100 Polk County Plaza, Ste 60 Balsam Lake, WI 54810

Office use only:
Entered ___/___/___ Initials ___ Policy mailed ___/___/___ Initials ___ Medicaid Verified ___/___/___
Initials ___ Waiver: YES, ___ NO ___ Initials ___