



TREP Overview

Transportation Reimbursement for East Point (TREP) is voucher based program of the East Point NORC. The NORC, a naturally occurring retirement community, is a designation that East Point was given because the community has many residents who are over 60 years old and have aged in their homes. The goal of this program is to make it easier for the TREP participants to get around.

Eligible seniors will meet the following requirements:

- unable to drive and/or unable to use public transportation
- 60 years old or older
- resident of East Point, GA

How it works:

Due to the overwhelming success of the TREP and to accommodate more East Point senior residents each participant will be allowed two (2) \$100 vouchers books per fiscal year and only one book may be purchased at a time. The cost of each booklet is \$10.

Participants must select someone who lives outside of their home (a relative, associate or friend) to become their transportation service provider or driver. The Service Provides must complete a Service Provider Waiver Form prior to providing transportation. Participants are responsible for contacting the transportation providers to arrange for travel to and from places they need to go (doctor's appointments, shopping, visiting friends and family, etc.)

The Participant and/or Transportation Service Provider will submit their voucher portion (white copy) to the NORC office and a check will be sent to the service provider.

If you have any questions, please call Leslie Bridges, East Point NORC Program Coordinator, at 404-762-2094.



**EAST POINT NORC
MEMBERSHIP FORM**

Please Print Clearly

Name: _____ Date: _____

Date of Birth: ___/___/___ Age: _____

Street Address: _____ Apt#: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Cell: _____

Work: _____ Ext: _____ Fax: _____

Email: _____

How did you hear about the NORC: _____?

Please check the NORC activities and programs that interest you:

- Hosting an Event (Talkin' On Tuesday, Lunch and Learn, SPARC, Living Well, etc.)
- Living Well (6 week workshop about managing chronic conditions)
- TREP (transportation voucher program)
- Walking Club (Flip page over for more info)
- Volunteer

East Point Naturally Occurring Retirement Communities
2885 Church Street, East Point Georgia 30344
Phone: (404)762-2094 Fax: (404)224-1009

NORC Baseline Assessment 2010-2011

Name: _____ Ph#: _____
Address: _____
NORC Site Location: _____ Date: _____
Case Number: _____

SOCIAL INTERACTION and TRANSPORTATION

Please tell us about your social activities and transportation issues by checking the box that best reflects your opinion.

1. Regarding your present social activities, do you feel that you are doing:

1. About Enough 2. Too Much 3. Would Like to Be Doing More

2. How often is it a challenge for you to get transportation for the things you want or need to do (such as going to the doctor, going to the store, or visiting friends)?

1. Never 2. Daily 3. Weekly 4. Monthly

3. How often do you get together with family, friends, or neighbors?

1. Never 2. Daily 3. Weekly 4. Monthly

4. How often do you use email?

1. Never 2. Daily 3. Weekly 4. Monthly

HEALTH STATUS

Please tell us about your health status by checking the box that best represents your situation.

5. Have you been in the hospital, including in an emergency room, within the past year?

1. Yes 2. No

6. Do you use Lifeline or another personal emergency response service?

1. Yes 2. No

7. During the past year, have you fallen?

- 1. Yes
- 2. No

a. If yes, how many times did you fall? _____

b. Did you need assistance to get up? 1. Yes 2. No

c. Did you need medical attention? 1. Yes 2. No

8. What NORC-related benefits would you like to receive? (Check all that apply):

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Social and educational activities | <input type="checkbox"/> Exercise classes | <input type="checkbox"/> Caregiver support group | <input type="checkbox"/> Friendly visitor program |
| <input type="checkbox"/> Financial assistance | <input type="checkbox"/> Vision clinics | <input type="checkbox"/> Walking clubs | <input type="checkbox"/> Received information and referral(s) |
| <input type="checkbox"/> Discounts for products and services | <input type="checkbox"/> Yard work and minor chores | <input type="checkbox"/> Meals on Wheels | <input type="checkbox"/> Health and wellness programs |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Health screenings | <input type="checkbox"/> Assisting staff w/programs | <input type="checkbox"/> Serving on advisory councils |
| <input type="checkbox"/> Lifeline discount | OTHER _____ | | |

DEMOGRAPHICS

Please tell us about yourself. This information is collected for information and planning purposes only. It will be kept confidential and reported only in summary form.

9. Date of Birth: _____(mm/dd/yyyy)

10. Are you: 1. Male 2. Female

11. How many years have you lived in your current residence? _____

12. How would you describe yourself?

- | | | |
|---------------------------|--------------------|---------------------------|
| 1. White/Caucasian | 3. Hispanic/Latino | 5. Other(please specify): |
| 2. Black/African American | 4. Asian | |

13. What is your current marital status?

- | | |
|--------------------------|---------------------|
| 1. Married | 3. Single, divorced |
| 2. Single, never married | 4. Widowed |

14. Who do you live with?

- | | | | |
|---------------------|-----------------------------|------------------------|---------------------------------|
| 1. Live Alone | 3. With Children Only | 5. With Other Relative | 7. Other(please specify): _____ |
| 2. With Spouse Only | 4. With Spouse and Children | 6. With Friend | |

15. What is your religious affiliation?

- | | | |
|---------------|-------------|---------------------------------|
| 1. Jewish | 3. Catholic | 5. No Affiliation |
| 2. Protestant | 4. Muslim | 6. Other(please specify): _____ |

16. Approximately, what was your total household income last year before taxes? **If uncomfortable with answering this question, go to 27.**

- | | | |
|-------------------------|-------------------------|-------------------------|
| 1. Less than \$10,000 | 3. \$15,000 to \$19,999 | 5. \$40,000 to \$69,999 |
| 2. \$10,001 to \$14,999 | 4. \$20,000 to \$39,999 | 6. \$70,000 or more |

17. Which statement best describes your household financial situation?

- | | | |
|------------------------------------|----------------------|-------------|
| 1. Cannot make ends meet | 3. Have enough money | 5. Well off |
| 2. Just managing to make ends meet | 4. Have extra money | |

Transportation Reimbursement for East Point
Participant Waiver

I, _____ voluntarily, make and grant this waiver in favor of the Transportation Reimbursement for East Point (TREP) Program and all collaborating parties including: Atlanta Regional Commission, Fulton County Government, Community Housing & Resource Center, Jewish Family & Career Services, Council on Aging and the Jewish Federation of Greater Atlanta.

I do hereby, waive and release any and all claims whether in personal injury, damages, or losses that may arise from trips taken using TREP vouchers.

I, further agree to use my best judgment and to adhere to all safety instructions and recommendations. I hereby, certify that I am a competent adult participating in this travel of my own free will.

I have read and agree to the terms and conditions printed on this Waiver and Assumption Risk form.

Please Print: Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number (Home) _____ (Cell) _____

Signature _____ Date _____

This waiver is effective from _____ until _____

Vouchers received (#) Initial _____

Payment received _____ Date _____

Transportation Reimbursement for East Point

Service Provider Waiver

Name: _____

Recommended by: _____

Relationship to participant: _____

Address _____

Phone (Home) _____

Phone (Cell) _____

Fax _____

I, _____, of _____ (name of company if relevant), agree to accept payment in the form of TREP vouchers for transportation and escort services rendered. I understand that in order to be reimbursed, I need to submit a voucher to the NORC office (located at the HJC Bowden Senior Multipurpose Facility) within 30 days of service.

I understand that I am not an employee of the TREP Project or any of its partners including the:

- Atlanta Regional Commission
- Community Housing & Resource Center
- Council on Aging

- Fulton County Government
- Jewish Family & Career Services
- Jewish Federation of Greater Atlanta

Therefore, these agencies are not responsible for my actions. I also understand that it is my personal and professional responsibility to provide the transportation services agreed upon to the best of my ability and to abide by the rules of the voucher project. I understand that if I am found to have improperly used the vouchers/project, I will not be reimbursed for services rendered and I will be removed from the list of approved service providers.

I realize that funding for this project is through the NORC (Naturally Occurring Retirement Community) Initiative. I understand that the TREP project is a demonstration project only, and that at the end of the demonstration period, the program will be evaluated for efficacy.

As a participant, I agree to help evaluate the program in any way that is asked of me. (Anticipated evaluation is projected to be through a questionnaire and/or a personal telephone interview).

Would you like to transport other participants? Yes _____ No _____

If so, can we include your name on our list of Transportation Providers? Yes _____ No _____

Service Provider Signature

Date

NORC Project Coordinator Signature

Service Provider Intake Form

Name		SSN*	Date
Street Address			Home Phone
City	State	Zip Code	Cell Phone
Address reimbursement checks to be sent to, if different.			
Street Address			
City		State	Zip Code
Referred by			
Wishes to transport all participants Yes _____ No _____		Name added to master list Yes _____ Date _____	
If no, list participants Service Provider will transport	1.		
	2.		
	3.		
	4.		
	5.		
Waiver form received	Yes	Date	
Confirmed approval with Service Provider Yes _____			Date
Confirmed approval with participant (s) Name(s)			Date
Completed by			Date
<p>* We will be unable to reimburse you without your Social Security Number or Tax ID # Your personal information will be kept in strict confidence and only used for reimbursement purposes.</p>			

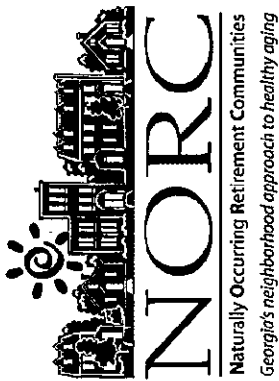
HOW TO FILL OUT REIMBURSEMENT CHECKS

NOTE: All of the information needs to be filled out in order for voucher to be reimbursed

1. **Date of Service-Fill** in the date of your trip
Start time- time that service provider leaves his/her home
End time- time that service provider arrives back to home or to destination after dropping off participant
2. **Pay to the Order of-Fill** in the name of the Service Provider (driver). This is who the check will be issued to. This person must already have spoken with the NORC office, received an Orientation Packet and completed the Service Provider Application.
3. **Mileage-**This is the distance traveled (in miles) from the time the trip starts until the trip ends. The mileage number is multiplied by \$.405 (government reimbursement rate) to determine the dollar amount next to mileage.
4. **Driver Stipend-**The driver is compensated for the time spent on the trip. The compensation is calculated as follows:
 - \$10 for the first three hours of the trip (beginning at the start time)
 - \$5 for each additional hour (or partial hour)Therefore each trip will have a minimum of \$10 driver stipend. A trip that is 3:30 will have a driver stipend of \$15.
5. **Total-** this is the total of the "mileage amount" plus the "driver stipend".
6. **Reimburse this amount-** Since each voucher is worth a maximum of \$20, it is understood that some trips will need to use more than one voucher for payment. If the cost of the trip is more than \$20, more than one voucher will need to be used. (Examples: If the total cost of the trip is \$23 you would need to use two vouchers. Both vouchers would reflect the "total" of \$23 (and the same date and time of service, etc.). On one voucher you would write \$20 in this space and the other voucher would be marked as \$3.

7. **Participant name**- The name of the participant who took the trip.
8. **Participant signature** - Signature of the participant (If the form is completed by someone other than the participant, the participant should at a minimum initial this line).
9. **Service Provider signature** - This should be the signature of the person listed on line 2 unless a taxi service is being used in which case the driver should sign his/her name.
10. **Type of Trip-In** - this box, please circle what the purpose(s) of the trip was. If the trip did not fall in to the categories listed, please write a brief description next to other. If the trip included more than one stop, please circle/ write-in all destinations.
11. **NORC Office**- The NORC office address and phone number are listed on the voucher.
12. The white copy and pink copy must both be sent to the NORC office. The voucher will not be reimbursed until both identically completed forms are returned. The participant should keep the yellow copy in case any questions arise regarding the trip.

If questions arise, please feel free to call the NORC office. The phone number is listed on the voucher.



Transportation Reimbursement for East Point
Reimbursement Vouchers No. ###
VOUCHER MAXIMUM VALUE \$20

Date of Service _____ **1**
Start Time _____
End Time _____

Pay to the order of _____ **2**

Reimbursement Calculation:

Mileage _____ x \$ 0.405/mile = _____ \$ _____ **3** Reimburse this voucher for \$ _____ **6**

Driver Stipend \$10 for first three hours, \$ _____ **4**

TOTAL (Driver stipend+ Mileage reimbursement) \$ _____ **5**

Participant Name _____ **7** _____ (print)

Participant Signature _____ **8** _____

Service Provider Signature _____ **9** _____

10

Type of trip:
(Please circle all that apply)

Medical Grocery	Post Office
Sr. Center	Church
Drug Store	Bank
Other _____	Visit Friend
	Visit Family

Return to: NORC Office
c/o HJC Bowden Senior Multipurpose Facility **11**
2885 Church Street
East Point, GA 30344

If you have questions,
please call (404) 762-4821

Voucher expires 30 days after
the date of service.

All information must be completed in order for voucher to be reimbursed.

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TREP Example Scenarios

Mrs. Smith is a participant in the TREP voucher program. She has enrolled her neighbor (Mrs. Jones) as a driver.

Mrs. Smith needs to go on some errands and calls Mrs. Jones to arrange a trip for the next day. Mrs. Smith says they will need to go to the bank and then to the pharmacy to pick up a prescription.

Mrs. Jones arrives at 10:30 am to pick up Mrs. Smith. At this point she starts to count the mileage. While they are out, Mrs. Smith asks if they can also stop at the mall. Mrs. Jones has the time so they make the additional stop. They arrive home at 1:00 pm. Mrs. Jones notes (on her cars odometer) that they have traveled 36 miles. Because the value of this trip is more than \$20, a second voucher will need to be completed. (See voucher examples 1& 2). (NOTE: these two vouchers are filled out the same EXCEPT for the amount that I reimbursed- one is reimbursed for the maximum value of \$20 and the second is filled out for the remaining \$4.58

That evening, Mrs. Smith realizes that she needs to go to the grocery store. She calls Mrs. Jones and arranges the trip. Because they are again starting from Mrs. Smith's house, this will be a separate trip. The store is close (6 miles round trip) and they are gone for 1:15. (See example 3)

NOTE: On the examples, the destinations are underlined and made bold.

Please circle them on your voucher.

1 Transportation Reimbursement for East Point



NORC

WTWA, Atlanta, Georgia

Reimbursement Vouchers
VOUCHER MAXIMUM VALUE \$20

No. #####

Date of Service 4/2/06

Start time 10:30am

End time 1:00 pm

1

6

Reimburse this voucher for 20.00

4

Type of trip:
(Please circle all that apply)

- Medical
- Grocery
- Post Office
- Sr. Center Church
- Visit Friend
- Drug Store
- Bank Visit
- Family
- Other
- Mall

Pay to the order of 0!

Reimbursement Calculation: Mileage 3

$6 \times \$.405/\text{mile} =$

\$ 14.58

Driver Stipend \$10 for first three hours, \$ 10.00

\$5 for every additional hour TOTAL

(Driver stipend+ Mileage reimbursement) \$24.5

Participant Name Mrs. Smith (print)

Participant Signature W.A. Swma

Service Provider Signature e.p.a+

Return to: NORC Office

c/o H.1C Bowden Senior Multipurpose Facility
2885 Church Street
East Point, GA 30344

All information must be completed in

If you have questions, please call 404-762-4821
Voucher expires 30 days after the date of service

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#2 Transportation Reimbursement for East Point

Reimbursement Vouchers

No. #####

VOUCHER MAXIMUM VALUE \$20



NORC

14... -0rc,mrg4-wr-wt C-r-w-r-dts --
-N,-" *m+ AworerohMn,-yNy

Pay to the order of

Reimbursement Calculator =

Driver Stipend

\$10 for first three hours, \$10.00

\$5 for every additional hour

TOTAL (Driver stipend+ Mileage reimbursement) \$24.5

Participant Signature %L. sma
Service Provider Signature Wu, J. wo

Return to: NORC Office

c/o HJC Bowden Senior Multipurpose Facility
2885 Church Street
East Point, GA 30344

All information must be completed in order for voucher to be reimbursed.

Date of Service 4/2/06

Start time 10:30am

End time 1:00 pm

1

6

Reimburse this voucher for \$4.85

4

3 \$14.58

5

6

Type of trip:

(Please circle all that apply)

Medical Grocery Post Office Sr.

Center Church Visit Friend Drug

Store Bank Visit Family Other Meli

11

If you have questions, please call 404-762-4821

Voucher expires 30 days after the date of service

12