

ROCKDALE COUNTY SENIOR SERVICES
Transportation Service Provider Intake Form

Name		SSN or Tax ID	Date
Street Address			Home Phone
City	State	Zip Code	Cell Phone
Drivers License Number		Renewal Date	
Insurance Company			
Policy number		Agent	Phone
Referred by			
Wishes to transport all participants		Name added to master list	
Yes	No	Yes	Date
If no, list participants Service Provider will transport	1.		
	2.		
	3.		
	4.		
	5.		
<input type="checkbox"/> Waiver form received and signed <input type="checkbox"/> Copy of Insurance card received <input type="checkbox"/> Copy of GA Driver's license on file <input type="checkbox"/> 7 Year DMV Driving History <input type="checkbox"/> Certified report received <input type="checkbox"/> Photo of vehicle and license plate <input type="checkbox"/> Emission sticker on car-current		Yes	Date
Confirmed approval with Service Provider			Date
Confirmed approval with participant (s)			Date
Name			Date
Completed by			Date

*** We will be unable to reimburse you without your Social Security Number or Tax ID #**
 Personal information will be kept in strict confidence and only used for reimbursement purposes.

**TRANSPORTATION VOUCHER REIMBURSEMENT FOR
ROCKDALE COUNTY SENIOR SERVICES
Service Provider Waiver 2012**

Name: _____ Recommended by: _____

Address: _____ Phone (Home): _____

_____ Phone (Cell): _____

Drivers License Number: GA _____ Fax: _____

I, _____, of _____,
(name of company if relevant)

agree to accept payment in the form of Rockdale County Senior Services vouchers for transportation and escort services rendered. I understand that in order to be reimbursed, I need to submit a voucher to the Rockdale County Senior Services office (located at the Olivia Haydel Senior center, 1240 Dogwood Dr., Conyers, GA) within 30 days of service. The responsibility of the Rockdale County Senior Services is to provide monetary reimbursement only.

I understand that I am not an employee of Rockdale County Senior Services or any of his partners including the following:

Atlanta Regional Commission	Rockdale County Government	MARTA
Council on Aging	Senior Center Site Council	Federal Transportation Agency

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

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 personal telephone interview).

After your complete application with all the required documentation is reviewed and approved your name and/or company name will be included in the Transportation Voucher program authorized drivers list.

Provider Signature

Date

RCTVP Coordinator Signature

Date

Rockdale County Transportation Voucher Provider Criteria

The criteria for participation as a provider of the Rockdale County Transportation Voucher program are as follows:

- Waiver form received and signed
- Completed application
- Valid GA Driver's License
- Proof of current car insurance
- 7 years DMV Driving History (certified report)
- Photo of vehicle and license plate
- Current Emission sticker on car

Transportation Reimbursement Rockdale County Senior services Intake Application

Please print clearly.

The following questionnaire is meant to give us the information about the needs of the seniors in the community. Please be sure to completely fill out the questionnaire and to answer all the questions. The eligibility requirements are: age (60+) or adults 18-59 with a disability, resident of Rockdale County, individual income of less than 200% of the poverty level, and demonstrate a need for Transportation Vouchers.

To help us know how well we are serving your needs, we may occasionally want an outside evaluator to talk to you. If you are selected, you will receive a letter from us, asking you to take a phone call from the person who conducts the evaluation.

Contact Information		Social Security/client ID Number-			
Name		Date of Birth			
Street Address					
City	State	Zip code			
Mailing Address if different					
Phone (day)		(Evening)			
If you are disable, please describe your disability:					
Are you eligible for any of the following programs?		Medicaid	SSI	CCSP	SOURCE
What is the approximate income of your household each month?					
Do you have a valid Driver's License? Yes <input type="radio"/> No <input type="radio"/>			Are you able to drive? Yes <input type="radio"/> No <input type="radio"/>		
Do you own a vehicle? Yes <input type="radio"/> No <input type="radio"/>		How many times did you drive last week? 1 2 3 4 5 6 7 8+			
Have you used other transportation programs? Yes <input type="radio"/> No <input type="radio"/>		If yes, which ones?			
Do you need assistance getting into a vehicle? Yes <input type="radio"/> No <input type="radio"/>					

Have you traveled in the past 2 months? Yes No Not Sure

If yes, did you travel by Bus Train Relative Friend Taxi (Please circle all that apply)

What are your usual ways of getting around to places/ how are you able to travel?

Drive Self	Family	Neighbor	Public Transportation	Church Vehicle
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Taxi	Friends	Non-emergency medical vehicle	Other
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Approximately how much do you think you paid last month for transportation services?

< \$ 10	\$11- \$20	\$21- \$30	\$31- \$50	\$51-\$100	\$101-199	\$200+
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How easy is it for you to get transportation when you need it?

It is easy	Moderately easy	Hard	Very Hard
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How many times did you travel outside your home in the last 2 weeks? 1 2 3 4 5 6 7 8+

Where did you travel to? (Please circle all that apply)

Doctors Appointment	Nutrition Site	Dentist	Pharmacy
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Grocery Store	Senior Center	Post Office/Bank	Other
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In the last 2 weeks, were there any places you wanted to go but could not get to because you had no transportation? Yes No Not Sure

Where are your doctors located? (Please circle all that apply)

Conyers	Covington	Dekalb County	Gwinnett County
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Atlanta	Over 15 miles away	Over 30 miles away	Other
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Would you need a driver to stay with you on most trips? Yes No Not Sure

Completed by (Print and initial)		Date
Emergency contact information		
Closest relative:		
Name		Relationship
Address		Phone
City	State	Zip code

Are there other services that would be helpful to you?

NOTES

Transportation Project and Health Services Transportation Partners

Disability Transportation Referral

Name of Agency: _____

Agency Contact Person

Name: _____

Phone Number: _____

Email: _____

I do certify that, _____, is a client of our Agency and we certified/verified her/his disability status.

Description of disability: _____

Signature

Date

**Transportation Reimbursement
Rockdale County Senior Services
Participant Waiver 2012**

I, _____ voluntarily, make and grant this waiver in favor of the Transportation Reimbursement for the Rockdale County Senior Services Transportation Voucher Program, and all collaborating parties including Rockdale County Government, Rockdale County Senior Services, MARTA, and the Atlanta Regional Commission.

I do hereby, waive and release any and all claims whether in personal injury, damages, or losses that may arise from trips taken, using Rockdale County Senior Services Transportation Vouchers. I understand that I will only use the drivers from the Transportation Voucher program authorized drivers list. The responsibility of the Rockdale County Senior services Transportation Voucher Program is to provide monetary reimbursement only.

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.

Please Print: Name _____

Address _____

City _____ State _____ Zip Code _____

Signature _____ Date _____

Waiver Effective Date _____ End Date _____

Vouchers received # _____ - # _____

Coordinator Signature _____

Payment Received _____ Date _____