

## Medical Assistance Transportation Eligibility Form

Section I- General										
Last Name	First Name	Middle Initial	Date of Birth							
Street Address			PO Box				Apartment #			
City			State		Zip Code			Home Telephone #		
County of Residence				Municipality				Mobile Telephone #		
Section II- Medical Assistance Eligibility Information										
Recipient # (10 digit # on Access Card)				Card Issue # (2 digit # on Access Card)				Social Security #		
Nursing Home/Personal Care Home information										
Do you live in a Nursing Home?				Yes	No	I don't know				
Do you live in a Personal Care Home?				Yes	No	I don't know				
Frequency of Transportation Needed										
List Known Locations for Medical Services needed	Approx. Distance from Home	# of weeks per month	Circle the days of the week transportation is needed to these locations							Appointment Time if known
Pharmacy:			Mon	Tues	Wed	Thur	Fri	Sat	Sun	
			Mon	Tues	Wed	Thur	Fri	Sat	Sun	
			Mon	Tues	Wed	Thur	Fri	Sat	Sun	
			Mon	Tues	Wed	Thur	Fri	Sat	Sun	
			Mon	Tues	Wed	Thur	Fri	Sat	Sun	
			Mon	Tues	Wed	Thur	Fri	Sat	Sun	
			Mon	Tues	Wed	Thur	Fri	Sat	Sun	
			Mon	Tues	Wed	Thur	Fri	Sat	Sun	
			Mon	Tues	Wed	Thur	Fri	Sat	Sun	
I hereby certify that to the best of my knowledge, the information contained herein is true, correct and complete. I agree to report any changes in circumstance immediately to the Service Provider. I understand that documentation of all eligibility factors may be required to determine eligibility correctly or for audit purposes and that giving knowingly false statements is a criminal offense. I understand that I have a right to request a Department of Public Welfare fair hearing if benefits are denied. This affirmation statement covers all attachments required for the determination of eligibility										
Signature of Passenger						Date				
DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY										
Applicant Determined Eligible (circle one)			Y	N						
Reason for ineligibility:										
Date Initial Eligibility Determined:										
County Code Assignment:										
Date Client Notified:										
Signature of Interviewer						Date				