



### New Application

The Transportation Program is grateful for the contributions by each client.

We hope to make contributing to the program more convenient for our clients. Please indicate below how you would prefer to give to the Transportation Program.

#### CHOOSE ONE

- I will give a contribution to the driver each time I am picked up.
- I would like you to send me an invoice each month listing my rides and the contribution amount.
- Please send the invoice to the following person who handles my finances.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Contributions are a vital portion of the Transportation Program. Without your support transportations services would be limited and the services would not be able to be delivered to many persons in need. Actual costs may be discussed before services become effective.

If you have any questions, please call the Transportation Department of REAL Services at 574-284-7164 or 574-284-7174.

REAL SERVICES TRANSPORTATION PROGRAM  
NEW APPLICATION



CLIENT INFORMATION

All information is confidential.

<b>Office use only</b>	
APPLICATION DATE:	____ / ____ / ____
REDETERMINATION DATE:	____ / ____ / ____
INACTIVE? _____ INACTIVE DATE:	____ / ____ / ____

Medicaid Number: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ State \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: (574) \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE TEXTING: YES \_\_\_\_\_ NO \_\_\_\_\_

BIRTH DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ HANDICAPPED? \_\_\_\_\_ #IN HOUSEHOLD: \_\_\_\_\_

RACE: WHITE \_\_\_\_\_ BLACK \_\_\_\_\_ HISPANIC \_\_\_\_\_ ASIAN \_\_\_\_\_ OTHER \_\_\_\_\_

SEX: FEMALE \_\_\_\_\_ MALE \_\_\_\_\_

MARITAL STATUS: MARRIED \_\_\_\_\_ WIDOWED \_\_\_\_\_ SINGLE \_\_\_\_\_

SEPARATED \_\_\_\_\_ DIVORCED \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

Telephone Number \_\_\_\_\_

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I hereby certify that the information on this application is true and correct to the best of my knowledge and belief. I understand that I may be required to verify these statements and give my consent to the REAL Services Transportation Program to make any necessary contacts to verify any statements. I understand my rights and obligations and have received a copy of them at the time of application. I am a resident of Indiana.

STAFF SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CLIENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please indicate above or below the income level for the number of people living in your household.

Number of people in Household	Income Level \$ Per Mo.	Indicate Above or Below	
1	867		
2	1,167		
3	1,467		
4	1,767		
5	2,067		
6	2,367		
7	2,667		
8	2,967		

TRANSPORTATION SERVICE PLAN  
All information is confidential

CLIENT NAME: \_\_\_\_\_

ADDRESS : \_\_\_\_\_

PHONE: (574) \_\_\_\_\_

1. What type of transportation services do you need? Check all that apply

- Medical Appointment
- Grocery Shopping (Every two weeks-assigned day)
- Banking/utilities payment
- Foster Grandparent
- Milton Adult Day Services

2. Frequency of service: Check all that apply

- Medical Appts: as needed
- Grocery shopping: once a month  twice a month
- Banking/bills etc.: as needed
- Foster Grandparent:

(MUST BE A FOSTER GRANDPARENT CLIENT BEFORE WE CAN TRANSPORT)

Milton ADS Mon  Tue  Wed  Th  Fri

(MUST BE A MILTON ADS CLIENT BEFORE WE CAN TRANSPORT)

**SERVICE SPECIFIC ASSESSMENT**

INFORMATION REGARDING CLIENT'S SPECIFIC NEED


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STAFF SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

CLIENT SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

## APPEAL PROCESS (Please keep this page for your records)

You have the right to have your application considered without regard to race, color, religious creed, national origin, political beliefs, sex or marital status. You have the right to appeal any decision regarding your application.

The appeal process is intended to assure equal and fair treatment of applicants. It is not intended to provide procedures by which applicants may challenge program guidelines such as eligibility or residency requirements, or to require REAL Services to deliver services over which they have no control.

The following appeal procedure should be followed by applicants who feel that they have been unjustly denied assistance:

1. The applicant shall submit his/her appeal in writing within 15 working days to the REAL Services Transportation Director, George Hawthorne, P.O. Box 1835, South Bend, IN 46634. In such cases where an appeal cannot be made in writing, an oral appeal may be made to the Program Director.
2. The Program Director shall review the applicant's appeal and notify him/her of a decision. A justification of the decision will be given at this time. This review will be completed within 10 working days of the receipt of the appeal.
3. Should the applicant wish to appeal this decision further, he/she may contact Rebecca Zaseck, President/CEO at REAL Services. The CEO shall review the appeal and notify the applicant in writing of a decision within 10 working days of receipt of the appeal.
4. If the applicant wishes to further the appeal process, he/she should submit a written appeal to the following address:

Bureau of Aging and In Home Services Director  
MS21, Family and Social Services Administration  
Bureau of Aging & In-Home Services  
P.O. Box 7083  
Indianapolis, IN 46207-7083

Family and Social Services Administration (FSSA) will review the letter and notify the applicant of a decision and its justification within 10 working days of receipt of the appeal.

If the applicant desires to continue the appeal, the Secretary of FSSA or his designate will conduct a hearing on the appeal.

In all correspondence, please include your telephone number.

**PLEASE KEEP THIS COPY FOR YOUR RECORDS**  
REAL Services Transportation Program  
**PHONE: 284-7164 OR 284-7174      OFFICE HOURS: 8:00a.m. - 4:30p.m.**

In order to better serve our clients, we request cooperation in observing the following.

#### **RULES AND GUIDELINES**

- The Transportation Department schedules on a first come, first serve basis. It is suggested you call **2 weeks in advance (IF POSSIBLE)**, but not more than a month in advance to schedule your transportation.
- REAL Services does not provide same day emergency transportation. All transportation appointments must be made in advance.
- You must be able to walk to the vehicle. We do not have wheelchair accessible vans and we do not transport wheelchairs. If needed, the driver will assist you from your door to the van and into the medical facility. You may take your cane or walker with you. We use step stools if needed to assist you in and out of the van.
- Your appointment must be between the hours of **9:00am and 2:30pm and be completed no later than 3:15pm** in order for us to transport you.
- The driver will pick you up 15-30 minutes before your appointment time. The driver **does not** stay with you for your appointment. You will be given a card with the driver's name and cell phone number to call when you are finished. The driver will pick you up to take home as soon as possible. There may be times you will have to wait.
- If you are unable to keep your appointment, call the Transportation Department **as soon as possible**. Please keep in mind that we have reserved a time slot and a driver for you. Same day cancellations cause 2 problems: First, the scheduled driver must still be paid out of our tight budget. Second, another client may have been denied services because the time slot had already been reserved for you. **Please make every effort to keep your scheduled transportation appointment with us.**
- Be ready when the vehicle arrives. (Have your coat, purse, keys, etc., handy) The driver will knock on your door and wait no longer than 5 minutes if you do not respond.
- You are required to buckle your seat belt. There is no eating, drinking, or smoking allowed in the vehicle.
- Due to the Covid-19 Pandemic please wear a mask and sit in the rear seats.