

**REAL SERVICES TRANSPORTATION PROGRAM
NEW APPLICATION**



CLIENT INFORMATION

All information is confidential.

Office use only	
APPLICATION DATE : ____ / ____ / ____	
REDETERMINATION DATE : ____ / ____ / ____	
INACTIVE : ____	INACTIVE DATE : ____ / ____ / ____

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

CITY: _____ State _____ ZIP: _____ PHONE: (574) _____

EMAIL: _____ PHONE TEXTING: YES NO

MEDICAID # _____

BIRTH DATE: ____ / ____ / ____ HANDICAPPED #IN HOUSEHOLD:

RACE: WHITE BLACK HISPANIC ASIAN OTHER

SEX: FEMALE MALE OTHER PREFER NOT TO ANSWER

MARITAL STATUS: MARRIED WIDOWED SINGLE

SEPARATED DIVORCED

EMERGENCY CONTACT NAME: _____

TELEPHONE NUMBER: _____

I hereby certify that the information on this application is accurate and complete to the best of my knowledge. I understand that I may be required to verify these statements, and I consent to the REAL Services Transportation Program to contact any necessary parties for verification. Additionally, I acknowledge that I have received a copy of my rights and responsibilities at the time of application. I confirm that I am a resident of Indiana.

STAFF SIGNATURE: _____ DATE: _____

CLIENT SIGNATURE: _____ DATE: _____



NEW APPLICATION

The Transportation Program is grateful for the voluntary contributions received from those who use our services. Voluntary contributions are a vital within our Transportation Program. Donations are not required to use transportation services, but they are appreciated as they let us expand our services to serve as many people as possible.

Please indicate your contribution preference.

CHOOSE ONE

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

Name: _____

Address: _____

City/State/Zip: _____

- I cannot donate at this time.

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

Please indicate above or below the income level for the number of people living in your household. This information is only used for reporting purposes. There are no income eligibility criteria within the Transportation Program

Number of people in Household	Income Level \$ Per Mo.	Indicate	
		Above	Below
1	1,255		
2	1,703		
3	2,152		
4	2,600		
5	3,048		
6	3,497		
7	3,945		
8	4,393		



TRANSPORTATION SERVICE PLAN

All information is confidential.

CLIENT NAME: _____

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

Portage Commons Senior Ctr./Nutrition Site

2. Frequency of service: Check all that apply.

Medical Appointments As needed

Grocery shopping: Once a month Twice a month

Banking, bills, etc. as needed

Foster Grandparent:

(Must be a Foster Grandparent before we can transport)

Milton ADS M T W TH F

(Must be a Milton Adult Day Care client before we can transport)

Portage Commons/Nutrition Site M T W TH F

SERVICE SPECIFIC ASSESSMENT

STAFF SIGNATURE: _____ DATE: _____

CLIENT SIGNATURE: _____ DATE: _____

APPEAL PROCESS (Please keep this page for your records)

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 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, Crystal Hallwood, 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 the 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 REAL Services Vice President of Compliance/Quality, Sheila Sheridan Schafer. The appeal shall be reviewed and then the applicant is notified 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:
FSSA/Division of Aging
402 W. Washington St.
MS21, Room W454
Indianapolis, IN 46204

Family and Social Services Administration (FSS3A) will review the letter and notify the applicant of a decision and its justification within ten 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.

Title VI of the Civil Rights Act require that "No person in the United States shall, on the basis of race, color, national origin, sex, age, disability, low income, and limited English proficiency (LEP), be excluded from or participation in, be denied the benefits of, or be otherwise subjected to discrimination under, any licensing program or activity receiving federal financial assistance." Additionally, REAL Services extends its nondiscrimination policy to include family status, ancestry, gender identity or status as a veteran.

PLEASE KEEP THIS COPY FOR YOUR RECORDS

REAL Services Transportation Program

PHONE: (574) 284-7164 OR (574) 284-7174

OFFICE HOURS: 8:00 am - 4:30 pm

RULES AND GUIDELINES

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 the client calls two weeks in advance, 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.
- Appointments must be between the hours of 9:00 am and 2:30 pm and be completed no later than 3:15 pm 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 you 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 are costly for our program and may result in someone else not being able to obtain a ride because the time slot had already been reserved for you. Please make every effort to keep your scheduled transportation appointment with us. Repeated cancellations or no-shows may result in termination from the program.
- Be ready when the vehicle arrives. (Have your coat, purse, keys, etc.). The driver will knock on your door and wait no longer than 5 minutes if you do not respond.
- Clients are required to buckle your seat belt.
- There is no eating, drinking, swearing, or smoking allowed in the vehicle.
- If you are unwell, please consider wearing a mask when riding the vehicle to help minimize the spread of illness.
- Be considerate of others and our drivers. Failure to follow these guidelines may result in termination from the program.

