# MEDICAL ASSISTANCE TRANSPORTATION PROGRAM
# ELIGIBILITY FORM

## SECTION I – HOUSEHOLD IDENTIFYING INFORMATION

| NAME (Last, First, MI) | DATE OF BIRTH | TELEPHONE NUMBER |
|---|---|---|
| | | |

| ADDRESS (Street, City, Town, State, Zip Code) | COUNTY OF RESIDENCE |
|---|---|
| | |

## SECTION II - MEDICAL ASISTANCE ELIGIBILITY VERIFICATION/REVERIFICATION

MATP FUNDING STATUS ☐ GROUP 1 ☐ GROUP 2 (D-00, D-05, B-00, PD-00, PD-21, PD-22, PD-29, TD-00, TD-11, TB-00)

| ACCESS CARD INFORMATION | RECIP NUMBER | SOCIAL SECURITY NUMBER | CARD ISSUE NO. |
|---|---|---|---|
| | | | |

| EVS ELIGIBILITY INFORMATION<br><br>COMPLETED BY:<br><br>_____ | | | | | |
|---|---|---|---|---|---|
| | DATE OF SERVICE | | | | |
| | HEALTH CARE BENEFIT CODE | | | | |
| | PROGRAM STATUS CODE | | | | |
| | CATEGORY OF ASSISTANCE | | | | |
| | PLAN NAME | | | | |
| | HOTLINE NUMBER | | | | |
| | LOCK IN INFO | | | | |

### OTHER ELIGIBLE HOUSEHOLD MEMBERS

| NAME | RECIPIENT NUMBER | SSN | STATUS | DOB | GRP | MODE | FREQ/Wk-Mo | SPEC. NEED |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

**MODE KEY** **P = Public Transit** **S = Shared Ride** **A = Private Auto** **V = Volunteer** **O = Other (See Svc. Notes)**

## SECTION III – DETERMINATION OF NEED FOR SERVICES

**OTHER FUNDING SOURCES** ☐ **PENNDOT 203** ☐ **DEPARTMENT OF AGING** ☐ **OTHER (Explain)** _____

**SPECIAL NEEDS**

**MODE**

**OTHER INFORMATION/ SERVICE NOTES**

## SECTION IV – ELIGIBILITY DETERMINATION DECISION

| **ELIGIBILITY STATUS** ☐ **ELIGIBLE** ☐ **INELIGIBLE** | **DATE CLIENT NOTIFIED** | **DATE ELIGIBILITY DETERMINED** |
|---|---|---|
| | | |

**INELIGIBLE (Explain)**

## SECTION V – AFFIRMATION OF INFORMATION

**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 circumstances immediately to this Service Provider. I understand that documentation of all eligibility factors may be required to determine eligibility correctly or for auditing 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. This affirmation statement covers all attachments required for the determination of eligibility.**

| **SIGNATURE OF CLIENT OR DESIGNEE** | DATE SIGNED | SIGNATURE OF INTERVIEWER | DATE SIGNED |
|---|---|---|---|
| | | | |
| | | | |

# Medical Assistance Transportation Program (MATP)
# Assessment of Needs

1. Do you have a valid driver's license? YES NO

2. Do you have a vehicle that is legally registered, insured and drivable? YES NO

   (if YES to #1 & #2 automatically issue mileage forms)

3. Do you have access to a vehicle belonging to friend or family member? YES NO

4. Do you have a relative or friend who is willing to transport you to medical appointments? YES NO SOMETIMES

   (If YES or SOMETIMES automatically issue mileage forms)

   If the person(s) applying do not have a vehicle, access to a vehicle, or a friend

   or family member to provide transportation – how are you getting to other appointments or shopping now?

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5. Do you reside within ¼ mile of the RRTA Fixed Route Bus? YES NO

6. Do you have a disability which prevents you from using the RRTA Fixed Route Bus? YES NO

   (If YES – they must complete an ADA form or have a document from their Primary Care Physician stating their disability and if it is a temporary or permanent disability. If NO – issue bus tickets)

   If the person does not reside within ¼ mile of the RRTA Fixed Route Bus and does not have disability they automatically are eligible for Shared Ride Services.

**7.** Was the RRTA MATP guideline booklet issued/received? YES NO

**<u>Any child traveling on RRTA Shared Ride Service vehicles- 8 years and under must be secured by the parent inside the vehicle, in an approved child restraint seat required by the State of PA guidelines.</u>**

In signing, I understand that the purpose of this evaluation is to help in determine the most cost effective and appropriate mode of transportation for me. And also that I received the RRTA MATP guideline booklet which contains procedures and guidelines.

_____ _____

Applicant Signature Date