



Volunteer Transportation Center, Inc.

203 North Hamilton St. Watertown, NY 13601
 and: PO Box 515, 6587 US HWY 11 Canton, NY 13617
 Jefferson (315) 788-0422 Lewis (315) 376-3777
 St. Lawrence (315) 714-2034
 Fax (315) 788-8021



United Way
 of Northern New York, Inc.

| APPLICANT INFORMATION | | | | | | | |
|--|---|-------------------------------------|--|---------------------------------------|-----------------------------------|--|--------------------------|
| Clients must be registered with the Volunteer Transportation Center before they can be transported. The following information must be completed and returned to the above address or faxed. All information is confidential and will remain so. | | | | | | | |
| Name | | | | Date of Birth (M) (D) (Y) | | | |
| Home Phone | | | | Cell Phone | | | |
| Mailing Address | | | | | | | |
| Physical Address | | | | | | | |
| County of Residence | | | | Town | | | |
| Detailed directions to your home | | | | | | | |
| Marital Status | <input type="radio"/> Married | <input type="radio"/> Widowed | <input type="radio"/> Single | SSN (Last 4) | | | |
| Who do you live with? | <input type="radio"/> Alone | <input type="radio"/> Non-Relatives | <input type="radio"/> Relatives | <input type="radio"/> Spouse & Others | <input type="radio"/> Spouse Only | <input type="radio"/> Domestic Partner | |
| Are you covered by Medicaid? | <input type="radio"/> Yes | | <input type="radio"/> No | If Yes, County of Medicaid: | | | |
| Are you currently receiving VA benefits? | <input type="radio"/> Yes | | <input type="radio"/> No | | | | |
| Name and telephone number of nearest relative, agency contact person or case manager: | | | | | | | |
| Name | | | Relationship | | Phone | | |
| Agency name (if applicable) | | | | | | | |
| TRANSPORTATION NEEDS | | | | | | | |
| Briefly state your Transportation Needs | | | | | | | |
| Do you have other transportation available to you (other than our service)? | | | | | | <input type="radio"/> Yes | <input type="radio"/> No |
| <input type="radio"/> Personal Vehicle | <input type="radio"/> Public Transportation | | <input type="radio"/> Family | <input type="radio"/> Friends | <input type="radio"/> Taxis | | |
| Is there a car available in your household? | | | <input type="radio"/> Yes | | <input type="radio"/> No | | |
| Do you need assistance getting in/out of vehicle? | <input type="radio"/> Yes | <input type="radio"/> No | Do you need assistance getting in/out of your home/office? | <input type="radio"/> Yes | <input type="radio"/> No | | |
| Please list your special needs | | | | | | | |

PLEASE COMPLETE THE BACK

| STATISTICAL INFORMATION | | | | | | |
|--|----------------------------|--|-------------------------------------|--|---------------------------------------|--|
| The following information is used to compile statistical data and is required by the government for certain of our programs. It is not used to determine your eligibility. Please answer all questions. | | | | | | |
| Race <input type="radio"/> White <input type="radio"/> Native American <input type="radio"/> Asian <input type="radio"/> African American <input type="radio"/> Hispanic <input type="radio"/> Asian/Pacific Islander <input type="radio"/> Alaskan | | | | | | |
| Gender <input type="radio"/> Male <input type="radio"/> Female | | | | | | |
| What is your monthly income? | Single | <input type="radio"/> Below \$931 | <input type="radio"/> \$932-\$1,117 | <input type="radio"/> \$1,118-\$1,396 | <input type="radio"/> \$1,397-\$1,722 | <input type="radio"/> \$1,723+ |
| | Married | <input type="radio"/> Below \$931 | <input type="radio"/> \$932-\$1,117 | <input type="radio"/> \$1,118-\$1,396 | <input type="radio"/> \$1,397-\$1,722 | <input type="radio"/> \$1,723+ |
| Are you a veteran or the spouse of a veteran? | | <input type="radio"/> Yes | <input type="radio"/> No | Are you frail or disabled? | | <input type="radio"/> Yes <input type="radio"/> No |
| Do you use: | | <input type="radio"/> folding wheelchair <input type="radio"/> walker | | <input type="radio"/> folding wheelchair with battery pack <input type="radio"/> crutches | | <input type="radio"/> cane |
| Are you living alone? | | <input type="radio"/> Yes | <input type="radio"/> No | Are you over 75? | | <input type="radio"/> Yes <input type="radio"/> No |
| Are you a smoker? | | <input type="radio"/> Yes | <input type="radio"/> No | Are you currently receiving Worker's Compensation benefits? | | <input type="radio"/> Yes <input type="radio"/> No |
| How did you hear about us? | | | | | | |
| Please note that the Volunteer Transportation Center does not discriminate. The eligibility of each client for the <i>Project Wings</i> , <i>Persons With Disabilities</i> , and <i>Other Transportation</i> programs is not based upon race, color, creed, religious beliefs, sexual orientation or age, but is based upon need. | | | | | | |
| The <i>Senior Transportation Program</i> is made possible by funding from the New York State Office for the Aging, Title III of the Older Americans Act, and the Counties of Jefferson and Lewis. This program is for persons 60 years of age or older. This program does not discriminate. | | | | | | |
| DO NOT PUT ANY APPOINTMENT INFORMATION ON THIS FORM. You will be notified by the Volunteer Transportation Center of your approval status. | | | | | | |
| RELEASE FORM MUST BE COMPLETED BEFORE TRANSPORTATION CAN BE APPROVED | | | | | | |
| I give permission for (Applicant) _____ to be transported by the volunteer drivers from the Volunteer Transportation Center, Inc. I will not hold any volunteer driver nor the Volunteer Transportation Center's staff and/or Board of Directors responsible for any injury to the above named client that occurs during the course of transportation, destination, and return home. This also includes returning the client home while noting that no other individual is at the home destination to oversee this client. | | | | | | |
| Signature of Applicant or Responsible Person (POA) | | | | | Date: | |
| Relationship to Applicant: | | | Phone: (day) | | Phone: (evening) | |
| Mailing address of responsible person (other than applicant) | | | | | | |
| FOR OFFICE USE ONLY: | | | | | | |
| Program: | | | | | | |
| <input type="radio"/> Lewis | <input type="radio"/> STP | <input type="radio"/> STLAW | <input type="radio"/> PW | <input type="radio"/> PWD | <input type="radio"/> SOTP | |
| <input type="radio"/> ACS/EFMP | <input type="radio"/> NoCo | <input type="radio"/> OTP | <input type="radio"/> LOTP | | | |
| Approval: | <input type="radio"/> OFA | <input type="radio"/> AFBVI | <input type="radio"/> VTC | Date Approved | | |
| Limitations/Reason for denial: _____ | | | | | | |