PRINT

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	
			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 circumstances immediately to the 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 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

7/09

Remit to:

Freedom Transit, 50 East Chestnut Street, Washington, PA 15301