Paul Farrow
County Executive

Elizabeth Aldred
Director
Lisa A. Roberts
Deputy Director

Waukesha County

Department of Health and Human Services

ELIGIBILITY APPLICATION for the TAXI and RIDELINE SPECIALIZED TRANSPORTATION PROGRAMS

Taxi Program

For Waukesha County residents, who:

- Are non- or limited drivers, age 60 years or older;
- **AND** are **able** to enter and exit an automobile .

Waukesha County residents, who:

- Are non- or limited drivers between 18 and 59;
- **AND** are **able** to enter and exit an automobile;
- **AND** have completed the Disability Designation Form by their physician (last page of application), **or** are determined disabled by the Social Security Administration, Railroad or Federal Government Disability Determining Board.

A form of disability verification must be submitted with application for those 18-59 years of age.

RideLine Program

For Non-Ambulatory Waukesha County residents, who:

- Are non- or limited drivers, age 18 years or older;
- **AND** are **unable** to enter or exit an automobile and require an accessible vehicle, and use either a wheelchair and/or scooter

RideLine Service to surrounding counties is ONLY available for medical appointments. Prior approval is required except to The Eye Institute, the Clement J. Zablocki Veterans Affairs Medical Center, Froedtert and Medical College of Wisconsin main campus, and St. Luke's Hospital for cardiac care.

Please mail your completed application to:

AGING AND DISABILITY RESOURCE CENTER OF WAUKESHA COUNTY
HUMAN SERVICES CENTER
514 RIVERVIEW AVENUE
WAUKESHA, WI 53188-3631
Or fax your application to: (262) 896-8273

If you have any questions, please call (262) 548-7928 or (866) 677-2372

RideLine & Local Shared-Fare Taxi
APPLICATION FORM

If you need assistance filling out this form, call the Aging and Disability Resource Center at (262) 548-7928.

PLEASE PRINT

I am:

☐ **Ambulatory (I CAN enter or exit an automobile)**

☐ **Non-Ambulatory (I canNOT enter or exit an automobile; I use a wheelchair or scooter)**

I am applying for:

☐ **Shared-Fare Taxi Program**
(Complete Sections I and sign. Also complete the Disability Determination Form if needed)

☐ **RideLine Program (Accessible Van Service for non-ambulatory riders only)**
(Complete Sections I and Section II and sign. Also complete the RideLine Fare Determination Form)

Privacy Policy: The information you are being asked to provide is needed to determine if you are eligible to receive services and to comply with federal reporting requirements. This information will be stored in a secure electronic database and will not be used for any other purpose. Your information may be shared with the transportation providers that the ADRC contracts with for transportation services. This information will not be sold to anyone. You have the right to review your electronic record and request changes to assure accuracy. Failure to provide this information may result in a denial of some services. If you have questions regarding this, please ask the ADRC staff.

Section I: Required Information for all Applicants

Personal Information:

Name _____

Date of Birth _____ Age _____ ☐ F ☐ M

Permanent Address _____ Apt # _____

City/Village/Town _____ Zip _____

Daytime Phone: (____) _____ Evening Phone: (____) _____

Email: _____

Emergency Contact Information:

Provide information on *at least two* persons to be contacted in case of emergency

1. Name _____ Relationship _____

   Phone (_____) _____ Phone (_____) _____

2. Name _____ Relationship _____

   Phone (_____) _____ Phone (_____) _____

Other Information:

1) Are you a non-driver or limited driver? ☐ Y ☐ N
2) Are you able to enter and exit a vehicle? ☐ Y ☐ N
3) Do you use any of the following? ☐ Y ☐ N
   If yes, check all that apply:
   ☐ Portable oxygen
   ☐ Manual Wheelchair*
   ☐ Powered Wheelchair*
   ☐ Scooter*
   *If wheelchair/scooter are oversized, please provide the length _____ and width _____
4) Are you receiving Medicaid (Title 19)? ☐ Y ☐ N
5) Are you enrolled in one of the Wisconsin Long Term Care Programs?
   ☐ Y ☐ N
   If yes, which one?
   ☐ Family Care/PACE/Partnership - Please provide the name of your MCO:_____
   ☐ IRIS – Please provide the name of your ICA:_____
6) Are you between 18 and 59 years of age? ☐ Y ☐ N
   If yes, you must have a disability determination to qualify.
   Either a Disability Designation Form (included with this application) or a Benefits Verification is required to be attached to the application at the time of submission.

Section II: Additional Required Information for RideLine Program Applicants

1) Do you have a personal attendant who is **required** to accompany your travel? ☐ Y ☐ N
   A "personal attendant" is defined as "*a personal aide to the passenger, necessary to facilitate the safe mobility of the passenger.*"

   Note that if an attendant is necessary to provide mobility assistance or supervision to ensure safety beyond the basic door-to-door service provided by the RideLine program, **all travels will require an attendant and no rides can be arranged without one**.

   Rider is responsible to provide, or arrange for, their own attendant.

2) Are you able to transfer from a wheelchair or scooter to a seat with little or no assistance? ☐ Y ☐ N ☐ N/A

Signature

The information provided in this application is true and correct. I understand that deliberately providing false information is punishable by law and may jeopardize the receipt of services. I hereby authorize the Aging and Disability Resource Center to verify the information in this application.

Signature of Applicant: _____ **Date:** _____

If this application has been completed by a person other than the applicant, please complete the following:

Name _____ Relationship to Applicant _____

Agency Affiliation (*if appropriate*) _____

Address _____ City _____ Zip _____

Daytime Phone (___) _____ Evening Phone (___) _____

Signature: _____ **Date** _____

Aging and Disability Resource Center of Waukesha County
RIDELINE FARE DETERMINATION FORM

Personal Information:

Name_____Birth Date_____

Address_____Apt #_____Zip_____

City_____Phone (____)_____

Financial Information:

1) Do you receive Medicaid (Title 19)? ☐ Y ☐ N
2) Are you enrolled in one of the Wisconsin Long Term Care Programs? ☐ Y ☐ N
   (Family Care, IRIS, PACE or Partnership)

If you answered yes to either question 1 or 2, skip to signature section

3) Please choose option A or B below and supply requested information as applicable.

☐ **OPTION A:** I do not wish to divulge my financial information. I agree to pay the following fare:

One-way trip within the same community:	$10.55
One-way trip from one community to another	$13.75
One-way trip to an adjoining County (available ONLY with prior approval for medical and ONLY if service is NOT available in Waukesha County):	$22.00

☐ **OPTION B:** I have listed my financial information for the Aging and Disability Resource Center of Waukesha County. The information will only be used to determine my RideLine fares based upon my ability to pay.

		Passenger	*Spouse*
1)	Average Monthly Income:	$_____	$_____
2)	Average Monthly Medical Expenses	$_____	$_____
3)	Total Liquid Assets:	$_____	$_____

- **Average Monthly Income**: include your social security, pension, disability, wages, interest/dividends, rental income, and any other income you may receive.
- **Average Monthly Medical Expenses**: include medicine, medical supplies, supplemental health insurance premiums, and dental, doctor or hospital bills. DO NOT INCLUDE medical expenses paid for by Medicare, Medicaid, or other insurance.
- **Total Liquid Assets**: include savings, checking, CDs, IRAs, stocks, bonds, trusts, and annuities.

This information is true and complete to the best of my knowledge. I authorize the use of this information by representatives of the Aging and Disability Resource Center of Waukesha County for the purposes of fare determination. I understand this information will remain confidential.

Signature_____Date_____

Please return this completed form to: Aging and Disability Resource Center of Waukesha County
Human Services Center
514 Riverview Avenue
Waukesha, WI 53188-3631 OR FAX TO (262) 896-8273

Local Shared-Fare Taxi
DISABILITY DESIGNATION FORM

If you are age 18 to 59, this form must be submitted with your application. The information provided on this application will be kept confidential and will only be used by the Aging and Disability Resource Center of Waukesha County for determining eligibility for the specialized transportation programs.
If you need assistance filling out this form, call the Aging and Disability Resource Center at (262) 548-7928.

PLEASE PRINT

Name of Applicant: _____Birth Date_____

Address_____Apt #_____Zip_____

City_____Phone (____)_____

TO BE COMPLETED AND SIGNED BY PHYSICIAN

1) This is to certify that _____has a physical, mental or other
(Applicant's Name)
disability that requires specialized transportation.

2) This disability is (circle one) PERMANENT / TEMPORARY.
If temporary, this person will require specialized transportation from the period beginning _____and ending _____.

3) Is a personal attendant **required** for this person while traveling? ☐ Y ☐ N
A "personal attendant" is defined as "*a personal aide to the passenger, necessary to facilitate the safe mobility of the passenger.*"

I certify that to the best of my knowledge the information contained on this form is true and correct.

PRINT NAME_____ DATE _____

SIGNATURE _____ NPI or Tax ID #_____

TITLE _____

AGENCY NAME _____

Address _____ City _____ Zip _____

Phone (____)_____

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Waukesha, WI 53188-3631 OR FAX TO (262) 896-8273