Approved Service type approved:Click or tap here to enter text.

Approved – Underserved Effective date: Click or tap here to enter text.

Denied

Waitlist

**Transportation Assistance Assessment Tool**

**Date:** Click or tap to enter a date. **Your Agency:**Click or tap here to enter text.

New Assessment Entered in UCR Change/Edit Information Annual Reassessment

Name:(Last) \_\_\_\_ (First) \_\_\_ Served in US military

Address: Click or tap here to enter text. Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, County, ZIP: Click or tap here to enter text.

DOB: Click or tap here to enter text. Prime#: \_\_\_\_\_\_\_\_\_\_\_

Eligibility Benefit (enter descriptor codes):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***(search Oregon Access to obtain Prime# and identify benefits i.e. Medicaid, OHP, CCO, Title XIX Services)***

Transportation Program Letter (on DC letterhead). Date providedClick or tap to enter a date.

in person mailed  letter translated Language\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No translation needed.

**Part A: Transportation Resources**

1. Has car/access to car/is able to receive rides from family/friends Regularly Occasionally Never
2. Receives transportation assistance from another agency or community resource? YES NO

* If ‘Yes’ is this an ongoing/consistent resource? YES NO
* Comment: Click or tap here to enter text.

DECISION: Are client’s transportation needs adequately met? NO - *Continue to Part B*

YES - ***STOP*** *(no need for fare)*

**Part B: Income Verification**

Number in household supported by income listed below:Click or tap here to enter text.

**MONTHLY INCOME**

Social Security Benefits $Click or tap here to enter text.

Supplemental Security Income (SSI) $Click or tap here to enter text.

Other Income $Click or tap here to enter text.

**TOTAL MONTHLY INCOME $\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Under 150% FPL?  YES -** *Continue to Part C* **NO - Continue to adjusted income below**

**Total Income** **(if above 150% FPL)** **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Subtract expenses:

* Medical expenses (premiums, co-pays, out of pocket costs) \_\_\_\_\_\_\_\_\_\_\_\_\_
* Rent/ housing cost (mortgage, insurance and property taxes) \_\_\_\_\_\_\_\_\_\_\_\_\_
* Utilities \_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Deductions:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Total adjusted monthly income**: **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Under 150% FPL  **YES** – *Continue to Page 2*   **NO** - **STOP (***Does not meet eligibility criteria)*

Client name: Click or tap here to enter text.

Client statement: *The income and monthly expenses I have reported here are true and accurate to the best of my knowledge. I understand that misrepresentation of my income and monthly expenses may be grounds for disqualification from this fare assistance program.*

Read to client by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(OR)** Client Acknowleged

**Part C: Transportation Needs/Risk**

|  |  |  |
| --- | --- | --- |
|  | **Total unmet one-way trips/month** | **Comment/explanation:** |
| Medical/Pharmacy | Click or tap here to enter text. | Click or tap here to enter text. |
| Grocery Shopping | Click or tap here to enter text. | Click or tap here to enter text. |
| Congregate Meals/Community Center Activities | Click or tap here to enter text. | Click or tap here to enter text. |
| Personal business (i.e. church, library) | Click or tap here to enter text. | Click or tap here to enter text. |
| Volunteer activities | Click or tap here to enter text. | Click or tap here to enter text. |
| Employment | Click or tap here to enter text. | Click or tap here to enter text. |
| **Grant total unmet one-way trips/month =** | \_\_\_\_\_\_\_ **Assessed score:** Click or tap here to enter text. | |

Counseling and education offered to client about combining rides, stores in their neighborhood, etc to help with their transportation plan.  Yes  Client refused

Link to ADRC of Oregon Resource Database **(OR)** Transportation resources printed from ADRC website and provided to applicant  Ride Connection program brochure provided Referred for Multnomah County Premium Rides

Comments: Click or tap here to enter text.

**Annual Reassessment:** No change to income No change in need No change to risk

|  |  |
| --- | --- |
| **Assessment score** | **Level of Fare Assistance** |
| 50+ | Bus Pass or Tri Met Lift Pass |
| 31-49 | 20 bus tickets or lift punch card |
| 30 or less | Actual need, not to exceed 10 tickets |

*Client was informed that if their transportation needs decrease, or if they do not need fare assistance for a period of time, they should contact the Transportation Coordinator. Any unused fare should be returned to this Agency.*

Assessment Completed by:Click or tap here to enter text. Title:Click or tap here to enter text. Date: Click or tap to enter a date.