[ ] 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.