



Aging, Disability and Veterans Services Division

Approved
Approved - Underserved
Denied
Waitlist

Service type approved:

Effective Date:

Transportation Assistance Assessment Tool

Date:

Your Agency:

☐ New Assessment ☐ Entered in UCR ☐ Change/Edit Information ☐ Annual Reassessment

Name:(Last)	(First)	<input type="checkbox"/> Served in US military
Address:	Phone#:	
City:	County:	ZIP:
DOB:	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 provided:

in person mailed letter translated Language No translation needed.

Part A: Transportation Resources

- Has car/access to car/is able to receive rides from family/friends Regularly Occasionally Never
- Receives transportation assistance from another agency or community resource?
 - If 'Yes' is this an ongoing/consistent resource? Yes No
 - Comment:

DECISION: Are client's transportation needs adequately met?

NO - Continue to Part B

Part B: Income Verification

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

Number in household supported by income listed below:

MONTHLY INCOME

Social Security Benefits

Supplemental Security Income (SSI)

Other Income

Total:

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:

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 Acknowledged

Part C: Transportation Needs/Risk

	Total unmet one-way trips/month	Comment/explanation:
Medical/Pharmacy		
Grocery Shopping		
Congregate Meals/Community Center Activities		
Personal business (i.e. church, library)		
Volunteer activities		
Employment		
Total unmet one-way trips/month	Assessed score	

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:

☐ **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:

Title:

Date: