



Aging, Disability and Veterans Services Division

Approved
Approved - Underserved
Denied
Waitlist

Service type approved:

Effective date:

Transportation Assistance Assessment Tool

Date:

Your Agency:

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

Form with fields: Name:(Last), (First), 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

- 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?
• If 'Yes' is this an ongoing/consistent resource? Yes No
• Comment:

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:

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 Acknowledge

**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		
<b>Total unmet one-way trips/month</b>	<b>Assessed score</b>	

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:

<input type="checkbox"/> <b>Annual Reassessment:</b> <input type="checkbox"/> No change to income <input type="checkbox"/> No change in need <input type="checkbox"/> No change to risk
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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: