

Guidelines for the Municipal Medical Transportation Service and Caregiver Transportation Program

The towns of Bozrah, East Lyme, Franklin, Griswold, Groton, Ledyard, Lisbon, New London, North Stonington, Salem, Preston, Stonington, and Waterford collaborate with the Eastern Connecticut Transportation Consortium (ECTC) and the CT Department of Transportation to offer transportation services for medical appointments to individuals age 60 and over and disabled adults. *Please note, this is a grant-funded service and there is no guarantee that the funding will be available for the entire year.* To keep the service running smoothly, please follow the guidelines outlined below.

Who qualifies for this program?

This program is open to individuals who reside in the above-listed towns and have completed a registration form. Individuals residing in: Private Homes; Retirement Living Facilities; Independent Living Facilities; Assisted Living Facilities; and Residential Care Homes **are** eligible for transportation under this program.

Individuals who reside in Skilled Nursing Facilities are **not** eligible for transportation through this program.

Individuals who are eligible for free transportation through Medicaid are asked to use that program instead.

What are the limitations of this program?

Twenty-two (22) one-way rides for the period of July 1, 2026 - June 30, 2027, can be provided for medical appointments in New London County **as long as funding is available**. Please refer to the map in the brochure for specific towns to which the grant will provide a ride.

Reservations must be made no later than 48 business hours in advance but can be scheduled up to 2 weeks ahead.

Trips can be scheduled during normal business hours:

Mon-Fri. 8:30-4pm; however, requests for Sunday & Monday trips must be made no later than Friday by 2 p.m.

Note: ECTC is closed on these days: New Year's Day, Martin Luther King Day, President's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving and Christmas. (Please schedule rides accordingly)

Personal Care Attendants (or family members acting as an escort) must accompany passengers who need extra help with entering and exiting the vehicle or have other needs that make traveling independently unsafe.

In an effort to protect the health of others, passengers must be free from acute illnesses such as flu, fever, vomiting, diarrhea, and infections such as pneumonia. **You may be asked to wear some sort of face covering by your transport provider (unless it is medically contraindicated).**

What information should I have when calling to request a ride?

- **Your complete name and address.**
- **The address of your destination and the physician's name.**
- **The date and time of your appointment.**
- **An estimated time that you will be picked up from your appointment to return home.**

How does the Caregiver Mileage Reimbursement Program work?

The rider retains a volunteer driver (friend, neighbor, family member). The driver and rider must complete the "Request for Mileage Reimbursement" form.

Mileage is calculated by ECTC based on the shortest distance to the destination. The mileage from the caregiver's home to the passenger going to the medical appointment is NOT included.

Form must include appointment date, start address, destination address, and must be signed and dated by

client and driver after the last trip has been entered on the form. Participants submit completed mileage reimbursement forms to their town senior center or town representative by the end of the month for processing. When the form is submitted, the town representative reviews the form for accuracy and verifies the mailing address of the Caregiver. Town Representatives may perform audits to verify that the appointments did occur.

The Town Representative will sign and forward the form to ECTC. ECTC will issue a check to the Caregiver for authorized trips performed.

Program Year 2026-2027

**Municipal Medical Transportation Service
TRANSPORTATION ELIGIBILITY FORM**

Name :(please print) _____ Birth Date ____/____/____

Address: _____

City _____ Zip Code _____

Telephone # _____

Please describe your home's exterior _____

Is the house number on the house or mailbox? _____

Do you have a physical disability? Circle one. **Yes** **No**

Do you have a mental disability or cognitive impairment? Circle one. **Yes** **No**

Do you have *Medicaid as a form of insurance*? **Yes** **No**

Note: Individuals under the age of 60 must provide proof of their disability from the Social Security Administration.

Do you use a mobility aid? I.e. wheelchair, walker, cane, scooter? Please list.

Can you get into a car unassisted? Circle one! **Yes** **No**

Emergency Contact information:

Name _____

Address: _____

Telephone # _____

- Please mail or deliver the completed form to:
Participating Senior Center or Municipality

- *To minimize abuse, all trips are subject to random audit.*
 - *Service is not available to Nursing Homes.*

We reserve the right to deny transportation to any individual who does not meet the criteria for the transportation program.

I have read and understand the guidelines of the municipal medical transportation service, which is attached.

Client Signature

Date

2026-2027

