Guidelines for the Municipal Medical Transportation Service and Caregiver Transportation Program

The towns of Bozrah, East Lyme, Griswold, Groton, Ledyard, Lisbon, New London, North Stonington, Salem, Preston, Stonington, and Waterford be collaborate with the Eastern Connecticut Transportation Consortium 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 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?

Thirty-six (36) one-way rides for the period of July 1, 2022 - June 30, 2023 can be provided for medical appointments in New London County **as long as funding is available.** Please refer to the map on the brochure for specific towns to which the grant will provide a ride.

Reservations must be made no later than 48 hours in advance but can be scheduled up to 2 weeks ahead. Trips can be scheduled during normal business hours. Requests for weekend & Monday trips must be made no later than Friday by 2 p.m. Personal Care Attendants (or family member acting as an escort) may accompany passengers who need extra help with entering and exiting the vehicle or have other needs that make traveling independently unsafe.

In order 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 <u>after</u> 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 fax the form to ECTC. ECTC will issue a check to the Caregiver for authorized trips performed.

Program Year 2022-2023

Municipal Medical Transportation Service TRANSPORTATION ELIGIBILITY FORM

Name:(please print)	Birth Date	/	_/
Address:			
	Zip Code		
Telephone #			
Please describe your home's exterior_			
Is the house number on the house or m	nailbox?		
Do you have a physical disability?	Circle one.	Yes	No
Do you have a mental disability or cog	gnitive impairment? Circle one.	Yes	No
Do you have Medicaid as a form of in	isurance?	Yes	No
Note: Individuals under the age of the Social Security Administration.	60 must provide proof of their d	lisability	from
Do you use a mobility aid? i.e. wheel	chair, walker, cane, scooter? Plea	se list.	
Can you get into a car unassisted?	Circle <u>one!</u>	Yes	No
Emergency Contact information:			
Name			
Address:			
Telephone #			
Please mail or deliver the Parti	completed form to: cipating Senior Center		
 To minimize abuse, all trips a Service is not available to Num 			
We reserve the right to deny transporteria for the transportation prograt any time if funds are depleted.	ram. Funds are limited. Rides n	nay be s	uspended
I have read and understand the guideling which is attached.	ines of the municipal medical trar	isportatio	on service
Client Signature	Date		

Senior/Disabled Rides Program Request for Mileage Reimbursement

Driver I	Name:			
river A	Address:	Phone :		
enior I	Passenger Name:	(Please indicate	if trips are ONE-	WAY or ROUND TRIP)
ate	Complete Start Address	Complete Destination Address (include Street #)	*Trip Purpose	Total Miles (Completed by ECTC)
ample /1/15	20 Goldstar Hwy, Groton	L&M Hospital 400 Montauk Ave, New London	Medical Appt.	<i>a,</i> 2010,
ozrah, Eas f any type understan tonington, assengers cense cher isk.	at Lyme, Groton, Griswold, Ledyard, Lisbon, P of vehicle damage, injury and/or death cause and that Eastern Connecticut Transportation C , N. Stonington, Waterford, and the City of N to chose their own driver. As such, these dri cks or criminal checks been performed. I volu	locument that I am releasing the Eastern Connectiveston, Salem, Stonington, N. Stonington, Waterford by an accident during the voluntary transport for consortium, Inc (ECTC),), Towns of Bozrah, East Lymlew London are providing reimbursement of mileaguers are not trained or certified, nor have any check intarily allow this driver to transport me in his/her than stated above and agree to the terms and attest the state of the terms at the state of the terms and attest the state of the terms at the s	d, and the City of New this program. ne, Groton, Griswold, I ge under a Municipal ks such as safety inspervehicle with full knowled the above trip informate.	London from any responsibility edyard, Lisbon, Preston, Salem Grant program allowing eligible ctions, verification of insurance edge that I am riding at my ow ion is true:
Signatu	re (Driver)	Date Signature (R	lider)	Date
Trips at	uthorized: Signature (Senior Cen	ter Representative) Date	_	
Circle T	own Affiliation: Bozrah East N. Stonington	Lyme Griswold Groton Led Preston Salem Stonington	yard Lisbon Waterford	New London
(FOI	R ECTC OFFICE USE O	NLY)		
ate x	Total miles Reimburs	ement Cost		

Total Medical Trips: _____