# 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 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?

Twenty-four (24) one-way rides for the period of July 1, 2024 - June 30, 2025 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) must 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.

# Municipal Medical Transportation Service TRANSPORTATION ELIGIBILITY FORM

Name: ( please print) Birth	Date/_	/	
Address:			
CityZip 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 of	one. Yes	No	
Do you have <i>Medicaid as a form of insurance</i> ?	Yes	No	
Note: Individuals under the age of 60 must provide proof of the Administration.	eir disability	from the	Social Security
Do you use a mobility aid? I.e. wheelchair, walker, cane, scooter?	Please list.		
Can you get into a car unassisted? Circle <u>one!</u>	Yes	No	
Emergency Contact information:			
Name			
Address:			
Telephone #			
<ul> <li>Please mail or deliver the completed form to:</li> <li>Participating Senior Center or</li> </ul>	r Municipalit	ty	
<ul> <li>To minimize abuse, all trips are subject to random audit.</li> <li>Service is not available to Nursing Homes.</li> </ul>			
We reserve the right to deny transportation to any individual w transportation program.	ho does not	meet the c	criteria for the
I have read and understand the guidelines of the municipal medical	transportatio	on service,	which is attached.
Client Signature Date			

## Senior Rides Program Request for Mileage Reimbursement

			Phone :		
Senior I	Passenger Name:		(Please indicate if	trips are <u>ONE</u>	<u>-WAY</u> or <u>ROUND TRI</u>
Date	Complete Start Address	Complete Destin (include Street #		*Trip Purpose	Total Miles (Completed by ECTC)
Sample	20 Goldstar Hwy, Groton	L&M Hospital		Medical	by Lerey
7/1/24		400 Montauk Ave,	New London	Appt.	
Bozrah, Eas	t Lyme, Franklin, Groton, Griswold, Ledya y of any type of vehicle damage, injury and				
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