

VOTRAN GOLD SERVICE PARATRANSIT SHARED-RIDE APPLICATION FORM

Paratransit Shared-Ride Service or **Gold Service** is only available for individuals with a disability who cannot use the Votran regular bus routes or are unable to obtain or make arrangements for transportation through their own efforts or those of their friends, family or volunteers. The information requested on this application is intended to help Votran determine when and under what circumstances the applicant can use the Votran regular fixed route service and when the customer will need to utilize Gold Service. Votran is a non-medical, shared ride public transportation system. Votran does not provide Medicaid transportation. Customers with Medicaid must utilize the current Medicaid transportation company for all their Medicaid compensable trips.

INSTRUCTIONS FOR COMPLETING THIS APPLICATION

The applicant (or applicant's assistant) must complete the application in full. An emergency contact number is needed. **All questions must be answered** on the application.

A LICENSED PROFESSIONAL MUST COMPLETE SECTION 8

The Certification process may involve a telephone interview or a personal functional assessment to determine the applicant's needs. Votran will pay for the functional assessment as well as provide transportation to and from the assessment appointment, if necessary.

All information will remain confidential and will only be used to assess your qualification for Votran Gold Service.

INCOMPLETE APPLICATIONS WILL BE RETURNED to the applicant and may result in delays in the certification process. If you have any questions or need assistance completing the application, please contact Votran's customer service department at **386-756-7496 Ext. 1530** or email **VotranCustomerService@volusia.org**.

PLEASE BE ADVISED THAT PROCESSING OF THIS APPLICATION CAN TAKE UP TO 21 DAYS. Votran makes every effort to expedite the process.

WHEN THE APPLICATION HAS BEEN COMPLETED IN FULL, PLEASE RETURN THE APPLICATION TO:

Votran
Attn: Customer Service
950 Big Tree Road
South Daytona, FL 32119
Or fax to: 386-322-5119

VOTRAN USE ONLY						
New		Recertification:		Fixed Route Referral: Yes		No
Date Received:				Approved:		Denied:
Reviewed By:				Scheduled Travel Training date:		
Funding	ADA	UTD	Rural	TAD	Scheduled Functional Assessment date:	
Medicaid	Yes	No	QMB or SLMB	PCA needed: Yes		No

PLEASE DO NOT REMOVE THIS PAGE

SECTION 1. GENERAL INFORMATION

PLEASE PRINT

Male
 Female

Last Name: _____ First Name: _____

Street Address: _____ Apt. # _____

Name of Nursing Home/Condo/Apartment/Mobile Home Park/ Subdivision:

City: _____ State: _____ Zip Code: _____

Mailing Address if different from above: _____

Telephone Number: (____) ____ - ____ Date of Birth: __ - __ - ____

Do you live in a nursing home, ALF or group home: ____ Yes ____ No

If Yes, does the facility have a vehicle to transport residents? ____ Yes ____ No

Have you ever been transported by the facility? ____ Yes ____ No

Social Security Number: ____ - ____ - ____

(used for system identification purposes and to check for Medicaid only)

If someone helped you complete this application, please identify them:

Name: _____ Phone Number: (____) ____ - ____

Relationship: _____

In case of an emergency, who do we contact? **(Required)**

Name: _____ Phone Number: (____) ____ - ____

Relationship: _____

The Votran Gold Guide is available on the web page votran.org in English, Spanish, audio and video for the hearing impaired. If you require materials or correspondence in another format, please check preferred formats:

Large Print E-mail

E-mail address: _____

Other than the person listed on the application, who else is allowed to make trip reservations, changes or cancellations?

Name: _____

SECTION 2. ABILITY TO USE VOTRAN FIXED ROUTE SERVICE

Please indicate the reasons why you are seeking Gold Service eligibility:

Note: All buses are fully accessible with wheelchair lifts or ramps and kneelers which lower the steps to the curb. Votran Gold Service operates the same hours and service areas as Votran's fixed route.

Do you currently use regular Votran city bus service? Yes No

Can you get on and off a regular bus? (All buses are equipped with a lift or ramp and have steps that lower to the curb) Yes No

Using your mobility aid or on your own how far can you travel:

1 block 3 blocks 6 blocks to the curb in front of my house

How long can you stand (or wait) outside on your own or with your mobility aid:

5 minutes 10 minutes 15 minutes 30 minutes cannot

Because of my disability I cannot get to a fixed route bus stop.

I do not know how to use Votran fixed route service, but I could use it if I received travel training.

I can use Votran fixed route for some trips, but not others.

Because of my disability, I can never use Votran fixed route service.
State reason: _____

Other reasons: _____

Votran offers free travel training to anyone interested in learning how to ride our fixed route buses. Would you be interested in this type of training?

Yes No

How far from your home is the nearest Votran fixed route bus stop?

- Less than $\frac{3}{4}$ (.75) miles – do not complete Section 3-Current Travel Info.
 More than $\frac{3}{4}$ (.75) miles – do not complete Section 8-Prof. Verification

SECTION 3. CURRENT TRAVEL INFORMATION

How many personal vehicles are owned or used by members in your household?

- 0 1 2 3 or more

Are these available for use? Yes No If no, please state why:

If you live more than $\frac{3}{4}$ (0.75) miles from the nearest Votran fixed route and have a vehicle and driver in your household, you are not eligible for Votran Gold service. If the vehicle or driver is not available due to work, school, etc., the Commission for the Transportation Disadvantaged requires a vehicle/work schedule on company or school letterhead with your application.

SECTION 4

List three of your most frequent destinations and how you get there now.

1. Where do you go? _____
Address: _____
How do you get there now? _____

2. Where do you go? _____
Address: _____
How do you get there now? _____

3. Where do you go? _____
Address: _____
How do you get there now? _____

Do you have Medicaid Insurance? Yes No

Medicaid number if applicable: _____

Do you have Medicaid Waiver for any trips? Yes No

Please explain _____

SECTION 5. INFORMATION ABOUT APPLICANTS CIRCUMSTANCES

What prevents you from using Votran fixed route service? **Check all that apply:**

- Physical Disability Visual Disability
 Hearing Impairment Mental Disability
 Other, please explain in detail: _____
-

Is the circumstance listed or described above temporary or permanent?

- Temporary. It is expected to last for ____ months.
 Permanent

Please mark the appropriate mobility aid(s) or equipment you use to assist you when you travel.

- Powered Scooter/Wheelchair Walker
 Standard Manual Wheelchair Powered or Tank Oxygen
 Cane Service Animal
 Other (Describe)_____

Do you require the assistance of a Personal Care Attendant or escort when you travel outside of your home?

- Yes No

(Drivers drop off and pick up at the downstairs door or lobby of your home and destination. Assistance beyond that is the customer's responsibility.) A Personal Care Attendant that provides a service for the customer rides free to and from the same location as the customer.

SECTION 6. MOBILITY AID AND/OR EQUIPMENT INFORMATION

If you use a wheelchair or scooter, Votran will need to verify what you and your wheelchair weigh together. Many power wheelchairs and scooters are very heavy. (Votran paratransit lifts are designed to lift 600 to 800 pounds, depending on the vehicle type.)

Which of these mobility aids do you currently use when traveling? Please check all that apply to you.

- | | | |
|---|--|---|
| <input type="checkbox"/> White cane | <input type="checkbox"/> powered wheelchair* | <input type="checkbox"/> walker |
| <input type="checkbox"/> Support cane | <input type="checkbox"/> powered scooter/cart* | <input type="checkbox"/> walker with seat |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> manual wheelchair | <input type="checkbox"/> portable oxygen |
| <input type="checkbox"/> Leg brace | <input type="checkbox"/> communication board | <input type="checkbox"/> none |
| <input type="checkbox"/> Service animal | <input type="checkbox"/> prosthesis | |
| <input type="checkbox"/> Other (please specify) _____ | | |

* "Wheelchair" means a three or more wheeled mobility device.

If you checked manual wheelchair, power wheelchair, or powered scooter/cart, please provide the following information:

Is your mobility device oversized? Yes No

Does your mobility device weigh more than 600 pounds when occupied?

Yes No

Do you know how much you and your wheelchair weigh together?

Yes No

If yes, please provide the total weight: _____ pounds.

What is the make/model of your wheelchair/scooter?

Make: _____ Model: _____

What is the width of your wheelchair/scooter? _____ inches (if available)
What is the length of your wheelchair/scooter? _____ inches (if available)

SECTION 7. APPLICATION CERTIFICATION

I understand that the purpose of this application is to determine if there are times when I cannot use Votran's fixed route service and must use Votran Gold door to door service. I understand that the information contained in this application will be kept confidential and shared only with professionals involved in evaluating my eligibility for Gold Service. I certify the information in this application is true and correct. I understand that providing false or misleading information, or making false statements on the behalf of others constitutes fraud and is considered a felony under the laws of the state of Florida. I authorize the professional(s) listed to release information to Votran about my disability and its effects on my ability to travel on the Votran fixed route service. I understand that I may revoke this authorization at any time by written notice to Votran.

I agree to notify Votran if my condition or information changes, if my mobility changes or I have a new mobility device, or if I no longer need to use Paratransit service.

THIS APPLICATION MUST BE SIGNED BY THE APPLICANT.

Signature of applicant: _____ Date: __/__/__

This ends the portion of the application that is to be filled out by the applicant.

Please make sure all sections are filled out completely. Failure to complete the application may result in a delay of your evaluation for service. Please be sure to have the next pages completed by a qualified licensed professional who can provide specific information about your abilities.

Votran Gold is a "Safety Net" for people with physical, cognitive, or visual disabilities that are functionally unable to independently use the Votran Fixed Route service either all of the time, temporarily or under certain circumstances.

For more information on Votran's routes and services, visit: www.votran.org
Information regarding Votran Gold door-to-door service may be found under the **Special Services** tab.

**SECTION 8. PROFESSIONAL VERIFICATION
(applicants living within 0.75 miles of a fixed route)**

Applicant's Name: _____ Date: _____

MUST BE COMPLETED BY A CERTIFIED HEALTH PROFESSIONAL

Examples: Physician, Psychiatrist, Registered Nurse, Licensed Therapist, etc.

The applicant who asked you to review and sign this application is applying to Votran to be considered eligible for the Votran Paratransit Shared Ride Service or Gold Service. Votran Gold Service is **non-medical** public transportation intended only for those trips the applicant cannot make on Votran's fixed route service. This application is used to determine when and under what circumstances the applicant can use Votran fixed route service and when they require Votran Gold Door to Door Service.

Has this applicant been diagnosed with a cognitive, mental, physical or other disability?

Yes No

Diagnosis: _____

The applicant's disability is:

Permanent Temporary – Until when? _____

Do the applicant's abilities change due to medical treatments, environmental conditions or other related factors? Yes No

What is the maximum distance the applicant can either ambulate unassisted or travel using a mobility device? If limited, please explain.

Less than 1 block 3 blocks More than 6 blocks

1 block 6 blocks Limited

If limited, why is the applicant unable to walk or travel with their mobility device beyond the distance indicated?

Without the assistance of an attendant, can the applicant perform the following activities?

Ask for, understand and follow directions? Yes No Varies

Recognize landmarks? Yes No Varies

Make and receive a phone call? Yes No Varies

Cross a busy street? Yes No Varies

Cope with unexpected situations or changes in routine? Yes No Varies

Will this applicant be able to use Votran's fixed route service if training is provided?

Yes No I don't know

Does the applicant require a Personal Care Attendant to travel outside the home?

Yes No Sometimes

When did you last evaluate the applicant? _____

NOTE: All Votran buses are wheelchair accessible with ramps or lifts and have kneelers that lower the steps to the curb. Therefore, the use of a wheelchair or walker does not automatically justify use of paratransit services such as Votran Gold Service.

Please describe all conditions (physical, cognitive, mental or other) which functionally prevent the applicant from using the Votran regular bus routes:

Name (Print): _____ Title: _____

Medical License Number: _____

Business Address: _____

Telephone Number: (____) ____ - ____

Signature: _____

Medical Stamp Below (Optional)

For more information or questions please contact:
Votran Customer Service Department
Phone: 386-756-7496 ext.1530
Fax: 386-322-5119

Notice of Information Practices and Privacy Statement

For Votran Gold Service Applicants

Votran Customer Service
950 Big Tree Rd.
South Daytona, Fl. 32119

How we collect information about you: Votran collects data through a variety of means including but not necessarily limited to letters, phone calls, faxes, emails, voice mails, and from the submission of applications that is either required by law, or necessary to process applications or other requests for assistance through our organization.

What we do not do with your information: Information about your situation and medical conditions and care that you provide to us in writing, via email, on the phone (including information left on voice mails), contained in or attached to applications, or directly or indirectly given to us, is held in strictest confidence.

We do not give out, exchange, barter, rent, sell, lend, or disseminate any information about applicants or clients who apply for or actually receive our services that is considered patient confidential, is restricted by law, or has been specifically restricted by a patient/client in a signed HIPAA consent form.

How we do use your information: Information is only used as is reasonably necessary to process your application to provide you transportation services. This may require communication between Votran and health care providers necessary to verify your medical information is accurate or Mobility and Orientation Specialists to perform a functional assessment to determine the type of transportation service you may be eligible for.