

S.O.S. Supporting Our Seniors

Transportation Services Application



Recipient Information:

Date: _____

Name: _____
(First Name) (Middle Initial) (Last Name) (Nickname)

Home Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

DOB: _____ SSN: _____ Gender: ___ Male ___ Female

Emergency Contact Information:

Emergency Contact: _____ Relationship: _____ Phone #: _____

Primary Care Physician: _____ Phone #: _____

Hospital Preference: _____ Phone #: _____

Home Health Agency: _____ Phone #: _____

Home Health Nurse: _____ Phone #: _____

Statistical Information:

Language Spoken: ___ English ___ Spanish ___ Other: _____ Are you a Veteran? ___ Yes ___ No

Ethnicity: ___ Caucasian ___ Hispanic ___ African American ___ Other: _____

Marital Status: ___ Single ___ Married ___ Widowed ___ Divorced

Living Arrangements: ___ Alone ___ w/Spouse ___ w/Family ___ Senior Housing ___ Assisted Living

Health Insurance: ___ Medicare ___ Medicaid ___ VA Benefits ___ Pension/Retirement

Where does your money come from?: ___ Social Security (retirement) ___ Social Security Disability

___ Supplemental Security Income (SSI) ___ VA Benefits ___ Pension/Retirement

___ Widow's Benefits ___ No Income

Physical Ability/Limitations: to use S.O.S. transportation, a client must be able to get in and out of a vehicle under their own ability. This also means even if using a wheelchair for assistance, the driver cannot load or unload a chair for client use. Walkers and canes are acceptable for keeping balance and support.

Do you use any of the following aids?

Cane Walker Wheelchair Scooter Other: _____

Check all that apply:

Hearing Impaired Visually Impaired Use Oxygen

Balance Problems Physically Disabled

The following information is collected for program reporting purposes and is required by our funding sources to assure that services are being rendered appropriately. Please check all that apply.

Activities of Daily Living:

Do you eat by yourself? Yes No

Do you dress yourself? Yes No

Do you bathe yourself? Yes No

Do you use the toilet? Yes No

Do you transfer yourself in/out of a bed/chair? Yes No

Do you currently have 24 hour home health care? Yes No

Instrumental Activities of Daily Living:

Do you prepare your own food? Yes No

Do you shop for personal items? Yes No

Do you manage medication by yourself? Yes No

Do you use the telephone? Yes No

Do you do heavy household chores? Yes No

Do you do light housework? Yes No

Do you make use of available transportation options? Yes No

Services Needed:

Check all that apply:

Medical Transportation Grocery Shopping Dental Transportation Physical Therapy

Please Specify:

Comments:

Signature of Client: _____ **Date:** _____

Signature of Program Director: _____ **Date:** _____

***this form is confidential and does not determine eligibility for the program

***See back side for Client Responsibility Policy – Client copy is for you to keep



S.O.S. Supporting Our Seniors

Client/Recipient Responsibility Policy



In the interest of serving our Supporting Our Seniors (S.O.S.) clients and our volunteer drivers, we ask that all parties receiving rides follow the policies below.

Policies:

- Absolutely no smoking, profanity, or mistreatment of the volunteer driver
- Clients must call the S.O.S. office to schedule transportation requests, do not call the volunteer driver directly
- Clients must follow all rules in regards to Colorado Transportation Laws, wearing seat belts, etc.
- Clients must be clear on their transportation requests with the S.O.S. office, do not ask volunteers for side trips or extra stops
- Client must be able to transfer themselves in and out of a vehicle on their own
- Client must tell the volunteer driver of assistive aids, i.e. cane, walker, oxygen
- Client must make request of added assistance with S.O.S. staff (help with grocery shopping, unloading groceries, etc.)
- Client must give a **7 day notice** of transportation requests to S.O.S. staff (staff is not in the office on weekends). Because this is a volunteer program, there is no guarantee that a ride can be scheduled. Client should exhaust all other means of transportation before using the S.O.S. Program, especially for medical transport

If the above policies are not followed, the client/recipient will receive:

- First Policy Misuse: client will receive a phone call from the program director
- Second Policy Misuse: client will receive a written notice
- Third Policy Misuse: may result in volunteer drivers refusing to do transportation services for the client which will result in the inability to provide transportation services to that client.

I have read and understand the Responsibility Policy as set by ADRC of Mesa County and the Mesa County Department of Human Services.

Signature: _____ Date: _____

In the interest of serving our Supporting Our Seniors (S.O.S.) clients and our volunteer drivers, we ask that all parties receiving rides follow the policies below.

SOS Ride Request Phone # - 970-248-2746, option 2

Policies:

If you get voice mail, please leave your name & phone number and you date/time of ride request

- Absolutely no smoking, profanity, or mistreatment of the volunteer driver
- Clients must call the S.O.S. office to schedule transportation requests, do not call the volunteer driver directly
- Clients must follow all rules in regards to Colorado Transportation Laws, wearing seat belts, etc.
- Clients must be clear on their transportation requests with the S.O.S. office, do not ask volunteers for side trips or extra stops
- Client must be able to transfer themselves in and out of a vehicle on their own
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Signature: _____ Date: _____

CLIENT COPY-Keep for your records