

Supporting Our Seniors (SOS)

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: _____ Gender: Male Female Are you a Veteran? Yes No

Emergency Contact Information:

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone Number: _____

Primary Care Physician: _____ Phone #: _____

Hospital Preference: _____ Phone #: _____

Statistical Information

Language Spoken

- English
- Spanish
- Other: _____

Ethnicity

- White
- Hispanic
- African American
- Other: _____

Marital Status

- Single
- Married
- Widowed
- Divorced

Living Arrangement

- Alone
- w/ Spouse
- w/ Family
- Senior Housing
- Assisted Living

Health Insurance

- Medicare
- Medicaid
- VA Benefits
- Pension/Retirement

Source of Income

- Social Security
- SSDI
- SSI
- VA Benefits
- Pension/Retirement
- Widow's Benefits
- No Income

Monthly Income Amount: _____

Physical Ability/Limitations: To use SOS 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:

I can eat without help. Yes No

I can dress myself without help. Yes No

I can bathe myself without help. Yes No

I can use the toilet without help. Yes No

I can get in & out of bed/chairs without help. Yes No

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

Instrumental Activities of Daily Living:

I can manage money without help. Yes No

I can take care of shopping without help. Yes No

I can take my medication without help. Yes No

I can prepare meals without help. Yes No

I can do ordinary housework without help. Yes No

I can use the telephone without help. 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:

Client Signature: _____ Date: _____

Staff Signature: _____ Date: _____

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

Please return application to 1129 Colorado Avenue, Grand Junction CO 81501 or submit via email to adrc@htop.org



See Other Side 



SOS Policies and Procedures



In the interest of serving our Supporting Our Seniors (SOS) riders 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
- Rider must call the SOS office to schedule transportation requests, do not call the volunteer driver directly
- Rider must follow all rules in regards to Colorado Transportation Laws, wearing seat belts, etc.
- Rider must be clear on their transportation requests with the SOS office, do not ask volunteers for side trips or extra stops
- Rider must be able to transfer themselves in and out of a vehicle on their own
- Rider must tell the volunteer driver of assistive aids, i.e. cane, walker, oxygen
- Rider must make request of added assistance with SOS staff (help with grocery shopping, unloading groceries, etc.)
- Rider must give a **7 day notice** of transportation requests to SOS 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. Rider should exhaust all other means of transportation before using the SOS Program, especially for medical transport
- Rider must give **48 hours** cancellation notice, if more than three consecutive cancellations are made rider may be at risk from being dropped from the program

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

First Policy Misuse: Rider will receive a phone call from the program director

Second Policy Misuse: Rider will receive a written notice

Third Policy Misuse: May result in volunteer drivers refusing to do transportation services for the rider which will result in the inability to provide transportation services to that rider.

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

Signature: _____ Date: _____