



Hello,

Thank you for your interest in the South County Senior Non-Emergency Medical Transportation Program. Please find the included enrollment form and liability waiver which must be completed and returned to our office by mail, prior to utilizing the service.

Please note that there are two areas on the application requiring the participant's signature. Applications missing one or both signatures will not be processed and will be returned to sender.

The South County Senior Non-Emergency Medical Transportation Program is funded by the County of Orange, Office on Aging, through monies received from the National Tobacco Settlement Revenue (TSR) and Measure M2. The program was developed to provide seniors with transportation to their non-emergency medical appointments including but not limited to dialysis, physical therapy, dentistry, vision, hearing, prescription pick-ups, testing and x-rays.

To qualify for the program participants must be at least 60 years of age and reside within the South Orange County designated service area: Aliso Viejo, Dana Point, Irvine, Laguna Woods, Laguna Niguel, Laguna Hills, Laguna Beach, Lake Forest (Foothill Ranch), Mission Viejo (Ladera Ranch, Coto de Caza), Newport Beach, Rancho Santa Margarita (Trabuco Canyon, Dove Canyon), Silverado Canyon, Rancho Mission Viejo, San Clemente and San Juan Capistrano.

- Transportation will be provided within the designated service area; Irvine / Newport Beach and south through San Clemente. Destination addresses that fall outside of the designated service area are limited to a maximum trip length of 15 miles from the client residence to the medical facility
- **Clients are limited to a maximum of 16 one-way trips (8 round-trips) per-month**
- In addition to medical facilities within our service area, this program also serves: Kaiser Lakeview and Kramer Medical Offices Anaheim, UCI Orange, St. Joseph's Orange, and the VA Long Beach Veterans Hospital
- **Rides must be scheduled at least 5 business days in advance and will be given on a first come, first served basis**

(OVER)



- Riders will be charged \$2.00 per one-way trip and must have exact change
- **Program hours are Monday through Friday, 7:00am - 6:00pm (excluding holidays): New Year's Day (observed), MLK Jr. Day, President's Day, Memorial Day, Independence Day, Labor Day, Veteran's Day (observed), Thanksgiving (Th, F), Christmas (observed)**
- Companions ride free of charge (companions must be ambulatory and able)

Please fill out the enrollment form completely and return to:

Age Well Senior Services Transportation Program

23101 Lake Center Drive, Suite 325

Lake Forest, CA 92630

Your enrollment form will be reviewed and the eligibility determination will be mailed to your home address. If you have any questions please feel free to contact us at (949) 855-9766, Monday - Friday, between the hours of 8:00am and 5:30pm. We look forward to assisting you with your non-emergency medical transportation needs.

Sincerely,

Amie Reynoso

Amie Reynoso
Transportation Director

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Orange County's partner in aging

ENROLLMENT FORM FOR TSR/M2 SENIOR NON-EMERGENCY MEDICAL TRANSPORTATION

Please print clearly. All fields must be filled out completely. You must sign both required fields prior to mailing the form back for processing. Incomplete forms will be returned.

Last Name: _____ First Name: _____ Date: _____

Date of Birth: _____ Male: ☐ Female: ☐

Street Address: _____ Apt.: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

1. Have you ever applied for OCTA Access? Yes ☐ No ☐
If yes, were you issued an ID? Yes ☐ No ☐ If yes, ID#: _____
If yes, are you able to utilize OCTA Access? Yes ☐ No ☐

2. Do you have any physical or functional limitations? Yes ☐ No ☐

3. Do you require a mobility device or special equipment for transport? Yes ☐ No ☐
If yes, please check all that apply:

Cane ☐ Walker ☐ Wheelchair ☐ Scooter ☐ Oxygen ☐ Other ☐

If yes, are you able to enter/exit the vehicle without your mobility device? Yes ☐ No ☐

Are you able to transfer from a wheelchair to seat without assistance? Yes ☐ No ☐

4. Will a personal care attendant or assistant be traveling with you? Yes ☐ No ☐

5. Do you require door-to-door assistance? Yes ☐ No ☐

6. Please list your primary doctor(s) name and address:

7. How often do you anticipate needing to use the transportation service?

Weekly ☐ Monthly ☐ Other ☐ _____

8. Emergency Contact Name: _____
Relationship: _____ Phone Number: _____
9. How do you get to your medical appointments now? _____
10. Do you own a vehicle and are you able to drive? Yes ☐ No ☐

My signature verifies all information in this application to be true:

APPLICANT SIGNATURE (Required)

Date

The following information is gathered for statistical data only and does not affect eligibility:

1. How did you hear about the program? _____
2. Ethnic Background? Asian ☐ Black ☐ Hispanic ☐ White ☐ Native American ☐ Other ☐
3. Monthly Income per individual: ***Required** Less than \$1,485/month ☐ Over \$1,485/month ☐

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SOUTH COUNTY SENIOR TRANSPORTATION WAIVER

I hereby acknowledge that the transportation is a service provided by Age Well Senior Services and the County of Orange, Office on Aging. I hereby waive the right to make any claims against Age Well Senior Services and the County of Orange, Office on Aging or their officials, employees and volunteers, for any injuries, damages, charges, or expenses, including attorney's fees, which might be sustained as a result of my participation in the Age Well Senior Services Transportation Program. I also acknowledge that Age Well Senior Services reserves the right to refuse transportation service.

PLEASE PRINT CLEARLY

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

CLIENT SIGNATURE (Required): _____

Legal Guardian Signature: _____

(COPY OF CERTIFICATION REQUIRED WITH APPLICATION)

Please return completed forms to the Age Well Transportation Department located at the address at the bottom of the form. Transportation services can be scheduled after all forms have been submitted and approved.