Martin Community Coach
Transportation Application

Thank you for your interest in becoming a Martin Community Coach (MCC) client. We welcome the opportunity to meet your transportation needs and provide you with excellent service. MCC is for the Transportation Disadvantaged community. Martin County residents who qualify must fall under one or more of the following categories:

- Age 65 or older
- Disabled
- Adults age 18 or older who live under the 100% poverty level and have no other means of transportation

Included with this application are the Beneficiary Intake (BI) and Level of Need (LON) forms. The LON must be completed by a medical professional. Please return **all** documents to our Paratransit Eligibility Department. All forms are required prior to transportation approval, including completion of the proof of income section on the Beneficiary Intake form. The forms may be submitted by USPS, fax or email to the following:

- Mail all completed forms to:
  Senior Resource Association
  Attn: MCC Paratransit Eligibility Department
  694 14th St.
  Vero Beach, FL 32960
- Fax all completed forms to: **(772) 469-2051**
- Email all completed forms to: martincc@sramail.org

Please allow up to ten (10) business days for MCC to receive and process your transportation application. We look forward to helping you travel to essential destinations throughout Martin County. If you have any questions regarding the forms or eligibility requirements, contact the MCC office at **772.469.2063**.

Martin Community Coach
Beneficiary Intake Form

Important Notes:

Please answer all questions. Failure to do so may result in your transportation benefits being denied. If you do not know the answer, please write "do not know." If a question does not apply to you, please write "N/A." Additional documentation may be required.

Last Name: _____ First Name: _____ MI: _____

DOB: _____ Female Male

Medicaid #: _____

Address: _____ City: _____

Zip: _____ State: _____

Phone #: _____

Emergency Contact: _____ Relationship: _____

Phone #: _____

Do you drive? Yes No

Do you own a car? Yes No

Do you have any of the following that can provide you with transportation?

Family: Yes No Friend: Yes No

Volunteer: Yes No Other: _____

Annual household income: _____ # of household members: _____

Are you frail, disabled, or do you have any other physical or mental limitations? Yes No

How do you get to the grocery store?

- ☐ Drive Self
- ☐ Walk
- Friend/Family
- Bus/Public transportation

Do you live within ¾ mile from a bus stop? Yes No I don't know

Is there any reason you cannot walk to your appointment? Yes No

If yes, please explain: _____

Martin Community Coach
Beneficiary Intake Form

Do you live in a facility that provides transportation? Yes No
If yes, could they transport you to medical appointments? Yes No I don't know

Is there any reason you cannot take public transportation to your medical appointments? Yes No

Are you enrolled in any other programs that will pay for or provide transportation? Yes No
If yes, please explain: _____

Please check or list any special needs or services you require during transportation

- ☐ Powered Wheelchair
- ☐ Manual Wheelchair
- ☐ Walker
- ☐ Cane
- ☐ Portable Oxygen
- ☐ Service Animal
- ☐ Scooter
- ☐ Personal Care Attendant
- ☐ Other: _____

I understand and affirm that the information provided in this application for Non- Emergency Transportation (NET) to TD services is true and correct, to the best of my knowledge, and will be kept confidential and shared only with services and appointments. I understand providing false and/or misleading information, making fraudulent claims and making false statements constitutes a felony under the laws of the state of Florida.

Beneficiary Signature: _____ Date: _____

MCC USE ONLY

- ☐ Approved
- ☐ Denied

Date: _____ Signature: _____

694 14th St. | Vero Beach, FL 32960 | P: 772.469.2063 | F: 772.469.2051 | martincc@sramail.org

Martin Community Coach

Level of Need Form

Dear Medical Professional:

The Martin Community Coach office has received a request for transportation from one of your patients. Please complete this Level of Need assessment form in its entirety. The form will be used to determine the Beneficiary's most appropriate mode of transportation based on their functional abilities and limitations. Please provide any information that will assist us in identifying the mode of transportation that best fits the Beneficiary's needs. Upon completion, fax it to: (772) 469-2051

Beneficiary Info	First Name:	Last Name:	Date of Birth:	
	Medicaid #:	Trip #:	Plan ID:	
	Address:	City:	State:	Zip:
Diagnosis Info	Diagnosis (MUST PROVIDE):		Diagnosis is: □ Permanent □ Temporary Through (date)	
	Recent Hospitalization/Surgeries (MUST PROVIDE):			
Living Arrangement	□ Lives alone or with family/friends □ Nursing Facility □ Group home □ Residential rehab facility Comments:			
	Number of steps: **Note:** MCC is unable to transport individuals requiring assistance up or down more than three (3) stair-steps from door to curb.			
Physical Abilities and Equipment	Can patient ambulate independently?			
	Does patient use any of the following assistive devices? □ Crutches □ Walker □ Cane □ Electronic Wheelchair □ Manual Wheelchair Can patient self-propel □ Yes □ No			
	Can patient self-transfer into vehicle? □ Yes □ No			
	Does patient use /require portable oxygen? □ Yes □ No			
	Does patient require a change in mode of transport due to instability? □ Yes (please explain): □ No			
	Has there been a decline in functionality? □ Yes (please explain): □ No			
Cognitive Abilities	What is the patient's cognitive ability? □ Alert and oriented (i.e. place, time) □ Alert and mildly confused (i.e. place, time) □ Confused (i.e. dementia, Alzheimer) Comments:			
	Able to remove self from unsafe situation?			
Sensory Abilities	Vision	□ Normal Vision □ Wearing glasses/contacts □ Cataracts □ Legally Blind □ Service animal due to blindness Comments:		
	Speech & Hearing	□ Normal hearing □ Wears hearing aid □ Deaf □ Speech Impairment		

Physician Info	Printed Name:	Phone:
	Signature:	NPI#:

Please fax this completed form to: **772.469.2051**

Questions? Please call the Paratransit Eligibility Department at: **772.469.2063**