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Indianapolis, IN 46240-4359  
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## Senior Transportation Program Application

Services: Door2Door -- Shuttle Services

**Eligibility Requirements: Age 60 years or older and live and travel within Marion County**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female  Other Medicaid #: \_\_\_\_\_  
 Marital Status:  Married  Divorced  Widowed  Single  Other  
 Ethnicity:  African American  Alaska Native  Asian  Caucasian  Hispanic  Native American  Other  
 Street Address: \_\_\_\_\_ Apt #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone Number : (\_\_\_\_) \_\_\_\_\_ Cell Phone Number: (\_\_\_\_) \_\_\_\_\_  
 Email Address: \_\_\_\_\_ SSN #: \_\_\_\_\_  
 Township:  Center  Decatur  Franklin  Lawrence  Perry  Pike  Warren  Washington  Wayne  
 Apt Complex (if applicable): \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION (at least one valid contact is mandatory)

Primary Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ POA: Yes / No  
 Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Secondary Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ POA: Yes / No  
 Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_  
 I authorize CICOA Aging & In-Home Solutions to contact the people listed here on my behalf.

How did you hear about the Way2Go Senior Transportation Program?  Advertisement  Church  
 Community Organization  Family/Friend  Medical Care Provider  Online/Website  Social Worker  
 CICOA Staff (please provide name: \_\_\_\_\_)  Other: \_\_\_\_\_

How many people in the household are 60 years or older?  1  2  3

Check the box below that most closely matches your monthly income. If there are two or more persons living at your residence who are age 60 or older, you must also include the income of those persons as well.

Family of **ONE**  
 \$0 – \$1,073  
 \$1,074-\$1,986  
 Over \$1,987

Family of **TWO**  
 \$0 – \$1,452  
 \$1,453-\$2,686  
 Over \$2,687

Family of **THREE**  
 \$0 – \$1,830  
 \$1,831-\$3,386  
 Over \$3,387

Living arrangements: Rent Own Live with family/friend Assisted Living Nursing Facility Other

Tell us other ways you usually get around town:

Personal Vehicle Family/Friends Public Transportation Walk Other Transportation Program

Are you currently a certified IndyGo Open Door Rider? Yes No If yes, certified until: \_\_/\_\_/\_\_

Which of the following **mobility aids** do you use? **Please check all that apply.**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Walking Cane    | <input type="checkbox"/> Manual Wheelchair   | <input type="checkbox"/> Service Animal      |
| <input type="checkbox"/> White Cane      | <input type="checkbox"/> Power Wheelchair  | <input type="checkbox"/> Communication Board |
| <input type="checkbox"/> Walker          | <input type="checkbox"/> Power scooter/cart  | <input type="checkbox"/> Leg Braces          |
| <input type="checkbox"/> Prosthesis      | <input type="checkbox"/> Ability to transfer self from<br>Wheelchair to vehicle seat | <input type="checkbox"/> Other: _____        |
| <input type="checkbox"/> Crutches        |  |  |
| <input type="checkbox"/> Portable Oxygen |  | <input type="checkbox"/> NONE                |

**\*If you marked Manual wheelchair, power wheelchair or power scooter above, indicate weight of mobility aid, weight of self, width and length of wheelchair. \*\*This information is needed to make sure our fleet can provide you safe and adequate transportation.\*\***

Mobility aid weight  lbs Client weight  lbs Width of chair  Length of chair

Do you have a visual impairment? Yes No

Do you have a hearing impairment? Yes No

Do you require an attendant accompany you to provide assistance when using transportation services?

Yes No Sometimes

Once your application is received by the Way2Go Transportation Department it will be processed in 3-5 business days. Once processed, you are eligible to schedule a Door2Door trip, and participate in Shuttle Services. If you would like a status update on your application, you can contact our office at [transportation@cicoa.org](mailto:transportation@cicoa.org) or 317-803-6153.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Person completing form for Applicant (if applicable): \_\_\_\_\_

Relationship: \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**HIPAA NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION**

I acknowledge that I received the HIPAA Notice of Privacy Practices for Protected Health Information from CICOA's Way2Go Transportation Department.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_