



8440 Woodfield Crossing Blvd., Ste.175,
Indianapolis, IN 46240
Email: transportation@cicoa.org
Ph: 317-803-6153 / Fax: 317-803-6151



Senior Transportation Program Application

Services: Door2Door -- Shuttle Services – Discount Taxi Fare -- Wheelchair Vouchers Fare

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 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			Family of TWO			Family of THREE		
<input type="checkbox"/> \$0 – \$958	<input type="checkbox"/> \$0 – \$1,293	<input type="checkbox"/> \$0 – \$1,628	<input type="checkbox"/> \$959 - \$1,273	<input type="checkbox"/> \$1,294 - \$1,719	<input type="checkbox"/> \$1,629 - \$2,165	<input type="checkbox"/> \$1,274 - \$1,676	<input type="checkbox"/> \$1,720 - \$2,262	<input type="checkbox"/> \$2,166 - \$2,848
<input type="checkbox"/> Over \$1,676	<input type="checkbox"/> Over \$2,262	<input type="checkbox"/> Over \$2,848						

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
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, participate in Shuttle Services, or order Discount Taxi Fare or Wheelchair Vouchers Fare. If you would like a status update on your application, you can contact our office at transportation@cicoa.org or 317-803-6153.

If you are enrolling in the program to receive Discount Taxi Fare or Wheelchair Vouchers Fare and wish to place an order immediately, please include your payment along with this application. Please make your check or money order payable to CICOA Aging & In-Home Solutions and include "Way2Go" in the memo line; mail to our office: CICOA Aging & In-Home Solutions, ATTN: Way2Go Department, 8440 Woodfield Crossing Blvd., Suite 175 • Indianapolis, IN 46240. You can also call 317-803-6153 to place an order using your credit card. Certain limits apply. If we have reached the limit when we receive your order, you will be notified by a Way2Go staff member.

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:** ___/___/___