



4755 Kingsway Drive, Suite 200  
 Indianapolis, IN 46205  
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### 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 <b>ONE</b>			Family of <b>TWO</b>			Family of <b>THREE</b>		
<input type="checkbox"/> \$0 – \$958	<input type="checkbox"/> \$0 – \$1,293	<input type="checkbox"/> \$0 – \$1,628	<input type="checkbox"/> \$0 – \$1,293	<input type="checkbox"/> \$1,294 – \$1,719	<input type="checkbox"/> \$1,629 – \$2,165	<input type="checkbox"/> \$959 – \$1,273	<input type="checkbox"/> \$1,720 – \$2,262	<input type="checkbox"/> \$2,166 – \$2,848
<input type="checkbox"/> \$1,274 – \$1,676	<input type="checkbox"/> Over \$2,262	<input type="checkbox"/> Over \$2,848	<input type="checkbox"/> \$1,274 – \$1,676			<input type="checkbox"/> Over \$1,676		

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, 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](mailto: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, 4755 Kingsway Dr., Suite 200, Indianapolis, IN 46205. 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:** \_\_\_/\_\_\_/\_\_\_