## ST. JOHNS COUNTY COUNCIL ON AGING, INC. NON-EMERGENCY TRANSPORTATION (NET) PROGRAM - **BENEFICIARY INTAKE FORM**

Last Name	e	Fi	rst Nan	ne			
Middle In	i.	M	ledicaid	l #			
SS#		D	ОВ			Sex	
Address					Apt/Unit #		
City & Stat	:e				Zip Code		
Phone #			TDD #	#			
Emergeno	Last Name:				Relationship		
Contact	First Name:				Contact #		
Other Hou	sehold Members (Please I	list Each M Relation		Age	Driv. Lic. (Y	//N)	Type of Vehicle
Other Hou	•			1	Driv. Lic. (Y	//N)	Type of Vehicle
1.	•			1	Driv. Lic. (Y	//N)	Type of Vehicle
1.	•			1	Driv. Lic. (Y	//N)	Type of Vehicle
1. 2. 3. 4.	•			1	Driv. Lic. (Y	//N)	Type of Vehicle
1. 2. 3.	•			1	Driv. Lic. (Y	//N)	Type of Vehicle
1. 2. 3. 4.	•			1	Driv. Lic. (Y	//N)	Type of Vehicle
1. 2. 3. 4. 5.	•	Relation	nship	Age			
1. 2. 3. 4. 5.	Name	Relation	nship	Age			
1. 2. 3. 4. 5. Section 2 -	Name  Availability of Suitable	Relation	nship	Age	on to Other	Comi	
1. 2. 3. 4. 5. Section 2 -	Name  - Availability of Suitable  Question	Relation  Mode of  Driver's Lic	Transpo	ortati If Ap Year DL #	on to Other plicable	Comi	munity Location

TES/NO	Question	п Аррисавіе	
	1. Do you own a car?	Year:	Model:
	Do you have a valid FL Driver's License?	DL #:	
	Could you drive your car to medical appointments?	If <b>not</b> , why?	
	2. Does any member of your household have a car?	Name:	
	Could they transport you to medical appointments?	If <b>not</b> , why?	
	3. Do you have family members in the county who can transport you?	Name:	
	Could they transport you to medical appointments?	If <b>not</b> , why?	
	4. Do you have friends in the county who can transport you?	Name:	
	Could they transport you to medical appointments?	If <b>not</b> , why?	

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YES/NO		Question		If Applicable
	5. Do you live	in a facility that pro	vides	Name:
	transportati	on?		
		acility transport you	ı to medical	If <b>not</b> , why?
	appointmen	its?		
. Please	list all Hospitals	, Doctors, Medical	Facilities, or ot	her locations that you need to visit
a regu	ar basis			
	lame of I/Doc./Facility	Purpose of Trip	# of Monthly Visits	Describe How You Previously Got There
ection 3	3 – Availability	of Federally Funde	ed or Public Tr	ansportation
Section 3	8 – Availability (	of Federally Funde	ed or Public Tr	ansportation  If Applicable
	·	·	ed or Public Tr	
	1. Do you live	Question		If Applicable Name:
	<ol> <li>Do you live</li> <li>What is the</li> <li>Have you us</li> </ol>	Question on a bus route? distance to the nea	erest bus stop?	If Applicable Name: Approx. Miles: ion in the past?
	<ol> <li>Do you live</li> <li>What is the</li> <li>Have you us</li> <li>Do you have</li> </ol>	Question on a bus route? distance to the nea ed the bus system any limitations the	erest bus stop? for transportat at would	If Applicable Name: Approx. Miles:
	<ol> <li>Do you live of the what is the</li> <li>Have you us</li> <li>Do you have prevent you</li> </ol>	Question on a bus route? distance to the neaded the bus system any limitations the from using the bus	arest bus stop? for transportat at would s system now?	If Applicable Name: Approx. Miles: ion in the past? If yes, please describe:
	<ol> <li>Do you live</li> <li>What is the</li> <li>Have you us</li> <li>Do you have prevent you</li> <li>Are you enr</li> </ol>	Question on a bus route? distance to the neaded the bus system any limitations the from using the bus olled in any other p	arest bus stop? for transportat at would s system now? programs that	If Applicable Name: Approx. Miles: ion in the past?
	<ol> <li>Do you live</li> <li>What is the</li> <li>Have you us</li> <li>Do you have prevent you</li> <li>Are you enr</li> </ol>	Question on a bus route? distance to the neaded the bus system any limitations the from using the bus	arest bus stop? for transportat at would s system now? programs that	If Applicable Name: Approx. Miles: ion in the past? If yes, please describe:
YES/NO	<ol> <li>Do you live of What is the</li> <li>Have you use</li> <li>Do you have prevent you</li> <li>Are you enrowill pay for,</li> </ol>	Question on a bus route? distance to the neaded the bus system e any limitations the from using the bus olled in any other provide, transponder	arest bus stop? for transportat at would s system now? programs that ortation?	If Applicable Name: Approx. Miles: ion in the past? If yes, please describe:  If yes, please describe:
YES/NO	<ol> <li>Do you live</li> <li>What is the</li> <li>Have you us</li> <li>Do you have prevent you</li> <li>Are you enriull pay for,</li> <li>Special Need</li> </ol>	Question on a bus route? distance to the neaded the bus system e any limitations the from using the bus olled in any other provide, transport	for transportate would saystem now? or ograms that ortation?	If Applicable Name: Approx. Miles: ion in the past? If yes, please describe:
Section 4	1. Do you live what is the 2. Have you us 3. Do you have prevent you 4. Are you enry will pay for,	Question on a bus route? distance to the neaded the bus system e any limitations the from using the bus olled in any other provide, transports ds (Please check of the during transports)	for transportated would system now? ortation?	If Applicable Name: Approx. Miles: ion in the past? If yes, please describe:  If yes, please describe:  ial needs, services, or modes of
Section 4	1. Do you live of What is the 2. Have you us 3. Do you have prevent you 4. Are you enry will pay for, will pay for, ation you required Wheelchai	Question on a bus route? distance to the neaded the bus system e any limitations the from using the bus olled in any other provide, transports ds (Please check of the during transports) orManual When	arest bus stop? for transportate would so system now? programs that prtation?  or list any spectortation): eelchairSe	If Applicable Name: Approx. Miles: ion in the past? If yes, please describe:  If yes, please describe:  ial needs, services, or modes of cooterStretcher
Section 4 ransport Powe Respi	1. Do you live what is the 2. Have you us 3. Do you have prevent you 4. Are you enry will pay for, 4 - Special Need tation you required Wheelchair ator/Oxygen	Question on a bus route? distance to the neaded the bus system e any limitations the from using the bus olled in any other provide, transported of the during transported of t	for transportate would saystem now? or list any spectortation:  elicitation =	If Applicable Name: Approx. Miles: ion in the past? If yes, please describe:  If yes, please describe:  ial needs, services, or modes of

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Self (Monthly Income)	\$	/Month
Household Member 1. (Monthly Income)	\$	/Month
Household Member 2. (Monthly Income)	\$	/Month
Household Member 3. (Monthly Income)	\$	/Month
Household Member 4. (Monthly Income)	\$	/Month
Household Member 5. (Monthly Income)	\$	/Month
Total Number of Household Members:	Total \$	/Month
	<u>,                                      </u>	(x 12 months
understand and affirm that the information problems of the land and affirm that the information problems of the best of my knowledge, and will be kept coransportation professionals involved in evaluat	ovided in this application ansportation (NET) service on fidential and shared on ng and determining my n	es is true and correct, ly with medical and eeds and eligibility fo
Section 6 – Certification and Acknowledgem understand and affirm that the information problem of the best of my knowledge, and will be kept corransportation professionals involved in evaluate transportation to and from TD or other eligible stroviding false or misleading information, or mastatements on behalf of others constitutes a feloritation.	ent  ovided in this application ensportation (NET) service onfidential and shared on a ng and determining my nervices and appointment king fraudulent claims, or ony under the laws of the	for CTD Transportations is true and correct, by with medical and eeds and eligibility fow some stand that a making false state of Florida.
Section 6 – Certification and Acknowledgem understand and affirm that the information proposed and/or other Non-Emergency Tractor the best of my knowledge, and will be kept contransportation professionals involved in evaluate transportation to and from TD or other eligible stroviding false or misleading information, or mattatements on behalf of others constitutes a fellowed the provided that the constitutes a fellowed that the constitutes and the constitutes and the constitutes are constituted to the constitute and the constitutes are constituted to the constitutes are constituted to the constitute and the constitutes are constituted to the constitute and the constitute are constituted to the constitute are constituted to the constitute are constituted to the constitute and the constitute are constituted to the constitute and the constitute are constituted to the constitute and the constitute are constituted to the constitu	ent  ovided in this application ensportation (NET) service onfidential and shared on a ng and determining my nervices and appointment king fraudulent claims, or ony under the laws of the	for CTD Transportations is true and correct, by with medical and eligibility fow and that making false
Disadvantaged and/or other Non-Emergency Trace the best of my knowledge, and will be kept or transportation professionals involved in evaluate transportation to and from TD or other eligible stratements on behalf of others constitutes a fellowed the signature:	ent  ovided in this application ansportation (NET) service onfidential and shared on a ng and determining my nervices and appointment king fraudulent claims, or ony under the laws of the	for CTD Transportations is true and correct, by with medical and eeds and eligibility fow some stand that a making false state of Florida.
Section 6 – Certification and Acknowledgem understand and affirm that the information problem of the best of my knowledge, and will be kept or ransportation professionals involved in evaluate transportation to and from TD or other eligible stroviding false or misleading information, or material transportation to a formation or material transportation.  Applicant Signature:  PLEASE RETURN THIS FORM TO:  St. Johns County Council on Aging, Inc.  Phospare of the providing of the providing false of the providing false or misleading information.	ent  ovided in this application ensportation (NET) service onfidential and shared on a ng and determining my nervices and appointment king fraudulent claims, or ony under the laws of the	for CTD Transportations is true and correct, by with medical and eeds and eligibility fow some some that a making false state of Florida.
Section 6 – Certification and Acknowledger  understand and affirm that the information proposed and/or other Non-Emergency Trace the best of my knowledge, and will be kept or ransportation professionals involved in evaluate ransportation to and from TD or other eligible stroviding false or misleading information, or materiatements on behalf of others constitutes a fellowed applicant Signature:  PLEASE RETURN THIS FORM TO:  St. Johns County Council on Aging, Inc.  Phone Transportation Department  Fax 1	ent  ovided in this application ansportation (NET) service onfidential and shared on a ng and determining my nervices and appointment king fraudulent claims, or ony under the laws of the	for CTD Transportations is true and correct, by with medical and eeds and eligibility fowards. I understand that making false State of Florida.

FS Sponsor:

Reviewed By:

If No - Reason for Denial: \_\_\_\_\_

Denial Letter Sent? (Y/N): \_\_\_\_\_