



Tri-Valley

Opportunity Council, Inc.

Transportation Programs

RURAL TRANSPORTATION COLLABORATIVE (RTC)

APPLICATION FOR SERVICES

1345 Fairfax Avenue

Crookston, MN 56716

Phone: 866-884-2695 / Fax: 800-475-6494

CLIENT NAME: _____

Last Name

First Name

MI

WHAT MEDICAL INSURANCE DO YOU HAVE? _____

RESPONSIBLE PARTY TO BILL (if different than address on page 2 of application)

NAME: _____

CONNECTION TO CLIENT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____

Please fill out pages 2 and 3 of the application. These pages will help RTC asses your payment for transportation based on the RTC sliding fee scale. You will be informed on what your payment will be for transportation prior to any trip reserved.

I understand that the RTC is a fee-based program and I am responsible for my portion of the trip when billed.

SIGNATURE

DATE

This information is available in alternative formats to individuals with disabilities. Contact us at 1-800-584-7020 or by calling the Telecommunication Relay Service at 711 or 1-800-201-3432. Tri-Valley Opportunity Council, Inc. is an equal opportunity employer/provider. EOE/M/F/D/V

Supportive Services Program Registration

Please complete this form. Shaded areas are for office use only.

Contact Date		AAA Region	Choose an item.
---------------------	--	-------------------	-----------------

Section A. Basic Demographics

Last Name:	First Name:	Middle Initial:
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth:	
Address:	Address #2:	
City:	State:	Zip Code:
		County:
Home Phone:	Mobile Phone:	Work Phone:

Section B. Social History

Race (Check all that apply): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other	Ethnicity (Check one): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic
Household Size (Check one): <input type="checkbox"/> I live alone. <input type="checkbox"/> I live with others.	

Section C. Financial

<input type="checkbox"/> <u>I live alone</u> and my <u>monthly</u> income is between (Check one) <input type="checkbox"/> \$1,330/month or less <input type="checkbox"/> \$1,331- \$1,995/month <input type="checkbox"/> \$1,996-\$2,660/month <input type="checkbox"/> More than \$2,660/month <input type="checkbox"/> <u>I live with my spouse</u> and our <u>monthly</u> income is between (Check one) <input type="checkbox"/> \$1,803/month or less <input type="checkbox"/> \$1,804-\$2,705/month <input type="checkbox"/> \$2,706-\$3,607/month <input type="checkbox"/> More than \$3,607/month

Section D. Emergency Contacts

Emergency Contact Name:	Emergency Contact Relationship:	Emergency Contact Phone:
-------------------------	---------------------------------	--------------------------

Section E. Activities of Daily Living

Can you walk around inside without any help? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can you bathe or shower without any help? <input type="checkbox"/> Yes <input type="checkbox"/> No
Can you sit up or move around in bed without any help? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can you use the toilet without any help? <input type="checkbox"/> Yes <input type="checkbox"/> No
Can you comb your hair, shave, wash your face, or brush your teeth without any help? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can you dress without any help? <input type="checkbox"/> Yes <input type="checkbox"/> No
Can you get in and out of bed or chair without any help? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can you manage eating without any help? <input type="checkbox"/> Yes <input type="checkbox"/> No

Section F. Instrumental Activities of Daily Living

Can you answer the telephone or make a phone call without help? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can you do heavy house cleaning, like yard work and laundry, without any help? <input type="checkbox"/> Yes <input type="checkbox"/> No
Can you shop for food and other things you need without help? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can you take your medications without help? <input type="checkbox"/> Yes <input type="checkbox"/> No
Can you prepare meals for yourself without help? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can you handle your own money, like keeping track of bills without help? <input type="checkbox"/> Yes <input type="checkbox"/> No
Can you do light housekeeping, like dusting or sweeping, without help? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can you use public transportation or drive beyond walking distances without help? <input type="checkbox"/> Yes <input type="checkbox"/> No

Section G. Use of Information

I have reviewed and attest that the information completed above reflects my answers. I understand that the information I am providing on this form is for registration purposes. The information will be used by the U.S. Health and Human Services Administration for Community Living (ACL), the Minnesota Board on Aging (MBA) and the local Area Agency on Aging to create statistical reports. ACL, MBA and/or its assignees may use this information to conduct a study and/or survey of this service. In addition, information provided here, may be used by other service providers to help identify other services from which I may benefit. This information will not be released to anyone other than the above-mentioned parties in a way that will identify me as an individual unless I sign a separate consent for that purpose.

My signature indicates my agreement for this information to be used as indicated above.

Signature: _____ Today's Date: _____