



**VENTURA COUNTY AREA AGENCY ON AGING ELDERHELP PROGRAM (EHP)  
TRANSPORTATION REFERRAL FORM FY2017-2018**

Please email this form to: [Elder.Help@ventura.org](mailto:Elder.Help@ventura.org) or call with the info: 805-477-7300

REFERRING AGENCY INFO	
Requesting Agency:	Today's Date:
Requestor:	Phone Number:
Client informed of this referral? <input type="checkbox"/> Yes <input type="checkbox"/> No	Email Address:
BUS TICKETS <i>A limited number of tickets are available for people with disabilities under age 60. Everyone must provide a copy of their ADA Card prior to tickets being mailed.</i>	
<b>Fixed Route (Regular Bus) Tickets for:</b> <input type="checkbox"/> <b>Zone 1:</b> VCTC: Fillmore, Santa Paula, Ojai, Port Hueneme, Oxnard, Ventura, Simi Valley, and Thousand Oaks buses <input type="checkbox"/> <b>Zone 2:</b> VCTC Intercounty: (Ventura, Santa Barbara, and Los Angeles Counties)	<b>Dial-A-Ride (Paratransit Bus) Tickets for:</b> <input type="checkbox"/> GO Access (Ojai/Port Hueneme/ Oxnard/Ventura) <input type="checkbox"/> Simi Valley Transit <input type="checkbox"/> Valley Express (Santa Paula/Fillmore/Piru) <input type="checkbox"/> Thousand Oaks Transit <input type="checkbox"/> East County <input type="checkbox"/> Camarillo Area Transit
EHP MEDI-RIDE TRANSPORTATION REQUESTS <i>Rides are limited to 2 per month, however caps can be implemented at any time based on funding. Complementary and Alternative Medicine are not approved for EHP Medi-Rides. 5 business days' notice is REQUIRED to process ride requests.</i>	
Type of vehicle needed ( <b>choose one</b> ): <input type="checkbox"/> Car <input type="checkbox"/> Wheelchair Van <input type="checkbox"/> Gurney Van <input type="checkbox"/> Uber → Any Comments/Concerns for the driver (i.e. firearms, large dogs, hoarding, etc.):  → <b><u>Justification why service is needed &amp; client cannot take Dial-A-Ride to the appointment (ex. requires door-through-door gurney transport):</u></b>	
<b>1. Appointment(s) with specific Doctor/Hospital Name:</b> Type of Medical Practice (ex. Primary Care, Cardiology, Geriatric): Date(s)/Time(s) of appointment(s): Address: _____ City: _____ Roundtrip Appointment(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No Appointment(s) Length? _____ Is an escort going? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If "yes", Name and Phone Number of escort:</i>	
<b>2. Appointment(s) with specific Doctor/Hospital Name:</b> Type of Medical Practice (ex. Primary Care, Cardiology, Geriatric): Date(s)/Time(s) of appointment(s): Address: _____ City: _____ Roundtrip Appointment(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No Appointment(s) Length? _____ Is an escort going? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If "yes", Name and Phone Number of escort:</i>	

REQUIRED INFO ABOUT THE CLIENT					
Client Name:			Date of Birth:		
Does client have Medi-Cal? <input type="checkbox"/> Yes <input type="checkbox"/> No		Where does client reside? <input type="checkbox"/> Home <input type="checkbox"/> Hospital <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Board & Care <input type="checkbox"/> Assisted Living <input type="checkbox"/> Skilled Nursing Facility			
Primary Language:		Phone Number of Client:			
		Phone Type: <input type="checkbox"/> Smart <input type="checkbox"/> Basic Mobile <input type="checkbox"/> Landline			
Street Address ( <i>Transportation Provided From</i> ):					
City:			ZIP Code:		
Caregiver/Alternate Contact Name & Phone Number:					
Marital Status: <input type="checkbox"/> Divorced <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Declined to State					
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender Male <input type="checkbox"/> Transgender Female <input type="checkbox"/> Other <input type="checkbox"/> Declined to State					
<b>IF MARRIED:</b> <input type="checkbox"/> At or below Federal Poverty Level <i>(at or below \$16,240/year)</i> <input type="checkbox"/> Above Federal Poverty Level <i>(at or above \$16,241/year)</i> <input type="checkbox"/> Declined to State		<b>IF SINGLE:</b> <input type="checkbox"/> At or below Federal Poverty Level <i>(at or below \$12,060/year)</i> <input type="checkbox"/> Above Federal Poverty Level <i>(at or above \$12,061/year)</i> <input type="checkbox"/> Declined to State		Client Lives: <input type="checkbox"/> Alone <input type="checkbox"/> Not Alone	
				Number of Persons Living in Household:	
Ethnicity ( <b>Choose One</b> ): <input type="checkbox"/> Hispanic/Latino ( <i>i.e. Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race</i> ) <input type="checkbox"/> Not Hispanic/Latino					
Race ( <b>Choose One</b> ): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Black or African American <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Multiple Race <input type="checkbox"/> Other Asian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> OTHER RACE ( <i>Includes Hispanic/Latino</i> ) <input type="checkbox"/> Samoan <input type="checkbox"/> Vietnamese <input type="checkbox"/> White <input type="checkbox"/> Declined to State					
Daily Activities – Help Is Needed:	Independent, Needs No Help	Verbal Cueing Required	Standby Assistance Required	Hands-On Assistance Required	Dependent On Others For The Task
Eating/Feeding Self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transferring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grooming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparing Meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing Medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing Money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using the Telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing Heavy Housework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing Light Housework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using Avail Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOR VCAA USE ONLY					
Date EHP Referral Received:			Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date Requesting Agency Contacted:		Comments:			
Approved Service: <input type="checkbox"/> Fixed Route Tickets <input type="checkbox"/> Dial-A-Ride Tickets <input type="checkbox"/> Medi-Ride Transport					
Units approved:		Service Date(s) Approved:			
Price per unit:		Vendor selected:			