

**Reading Response Medical Transportation Program**  
Reading Elder/Human Services  
16 Lowell Street – Reading, MA 01867 - 781-942-6659

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Soc. Sec. # \_\_\_\_\_

**Emergency Contacts:**

Name: \_\_\_\_\_ Phone : Home \_\_\_\_\_ Work \_\_\_\_\_

Address: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Address: \_\_\_\_\_ Relationship \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone \_\_\_\_\_

Primary Care Address \_\_\_\_\_

Hospital Preference : \_\_\_\_\_ Phone \_\_\_\_\_

**Sources of household income:** **Gross Monthly Amount**

1. Salary -----1. \_\_\_\_\_

2. Social Security -----2. \_\_\_\_\_

3. Pension-----3. \_\_\_\_\_

4. SSI-----4. \_\_\_\_\_

5. VA:-----5. \_\_\_\_\_

5. Dept. Transition Assistance, (ie. Food Stamps)----- 6. \_\_\_\_\_

6. Employment----- 7. \_\_\_\_\_

7 Family Support----- 8. \_\_\_\_\_

8. Interest On Savings-----9. \_\_\_\_\_

9. Dividends/Annuities-----10. \_\_\_\_\_

10. Other -----11. \_\_\_\_\_

**Gross Monthly** Income From All Sources:----- \_\_\_\_\_

**Health Insurance Coverage:**

Medicare # \_\_\_\_\_ Do you have A and B ? \_\_\_\_\_

MassHealth# \_\_\_\_\_

MassHealth clients need to submit the names and addresses of all their doctors so we can send the doctors the PT-1 Form required by MassHealth for transportation.

Other Insurance, (i.e. HMO) : \_\_\_\_\_

Veteran Status: \_\_\_\_\_

Limitations:

Hearing \_\_\_\_\_ Vision \_\_\_\_\_ Homebound \_\_\_\_\_ Speech \_\_\_\_\_  
Mental Health \_\_\_\_\_ Ambulation \_\_\_\_\_ Other \_\_\_\_\_

Do you use adaptive equipment such as a wheelchair, walker, or cane? \_\_\_\_\_

**Please be aware that the medical taxi drivers are under no obligation to transfer wheelchairs, or to give physical assistance. If there is a need for this service, a special request must be made at the time of request for transportation and it will be determined if this need can be met.**

Do you have other transportation resources? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

11/28/2008

## ***Reading Response Medical Transportation Program***

The information requested below is to determine your eligibility for the Reading Response Medical Transportation program. Eligibility is based on your **household** income.

**Please Note :You need to submit documents to verify the gross income.**

**If you receive income from Social Security, pension, SSI, or Massachusetts Transitional Assistance, please submit a copy of your current *Benefit Letter*. You can request a copy of your *Benefit Letter* from SSI or Social Security by calling 1-800-772-1213. We need to determine if your Medicare B Premium is automatically being taken out of your check and the *Benefit Letter* specifies that.**

If you receive income from dividends or employment, please submit copies of any and all current dividend or employment checks. If necessary, a copy of your current pay stub may substitute for your employment check.

If you receive interest from savings amounting to more than \$100.00 per year, submit a copy of your bank statement that shows interest accrued last year..

For those receiving MassHealth benefits, it is imperative that you include your physicians' addresses so that we can send them the PT-1 form to access your MassHealth Transportation benefits, which must be used prior to the Reading Response Medical Transportation program.

Please return your completed application along with all necessary documents to Reading Elder Services in the Reading Town Hall. If you return by mail, please mail to:

Reading Elder Human Services  
Marie M. Ammer, L.C.S.W.  
Medical Transportation  
16 Lowell St.  
Reading MA, 01867