

Medical Assistance Transportation Program (MATP)
Assessment of Needs

ANSWER ALL QUESTIONS

1. Do you have a valid driver's license? Yes _____ No _____

2. Do you have a vehicle that is legally registered, insured and drivable?
Yes _____ No _____

(If YES to #1 & 2 automatically issue mileage forms)

3. Do you have access to a vehicle belonging to friend or family member? Yes _____ No _____

4. Do you have a relative or friend who is willing to transport you to medical appointments?
Yes _____ No _____ Sometimes _____

(If YES or SOMETIMES automatically issue mileage forms)

If the person(s) applying do not have a vehicle, access to a vehicle, or a friend or family member to provide transportation – how are you getting to other appointments or shopping now?

Answer: _____

6. Do you reside within ¼ mile of the Capital Area Transit Fixed Bus Route? Yes _____ No _____

7. Do you have a disability which prevents you from using the Capital Area Transit Fixed Bus Route?
Yes _____ No _____

If YES – they must complete an ADA form or have a document from their Primary Care Physician stating their disability and if it is a temporary or permanent disability. If NO – issue bus tickets)

If the person does not reside within 1/4 mile of the Fixed Bus Route and does not have disability they automatically are eligible for Shared Ride Services.

8. Was the MATP booklet issued/received? Yes _____ No _____

Any child traveling on Shared Ride Service vehicles-8 years and under must be secured by the parent inside the vehicle, in an approved child restraint seat required by the State of PA guidelines.

In signing, I understand that the purpose of this evaluation is to help in determining the most cost effective and appropriate mode of transportation for me. And that I have received the MATP booklet which contains procedures and guidelines.

Applicant Print Name

Date

Address: _____

PLEASE RETURN WITH ELIGIBILITY FORM AND AUTHORIZATION FOR RELEASE OF HEALTH CARE INFORMATION FORM