Waukesha County

Department of Health and Human Services

ELIGIBILITY APPLICATION for the
TAXI and RIDELINE SPECIALIZED TRANSPORTATION PROGRAMS

**Taxi Program**

For Waukesha County residents, who:
- Are non- or limited drivers, age 60 years or older;
- **AND** are able to enter or exit an automobile with little or no assistance.

Waukesha County residents, who:
- Are non- or limited drivers between 18 and 59;
- **AND** are able to enter or exit an automobile with little or no assistance;
- **AND** have completed the Disability Designation Form by their physician (last page of application), or are determined disabled by the Social Security Administration, Railroad or Federal Government Disability Determining Board.

A form of disability verification must be submitted with application for those 18-59 years of age.

**RideLine Program**

For Waukesha County residents, who:
- Are non- or limited drivers, age 60 years or older;
- **AND** are unable to enter or exit an automobile and require an accessible vehicle;
- **OR** have no taxi service in their community or need to travel outside of the taxi service area.

Waukesha County residents who:
- Are non- or limited drivers under the age of 60;
- **AND** have a disability designation and are unable to enter or exit an automobile and use either a wheelchair, scooter, cane, walker, crutches or are legally blind;
- **OR** have no taxi service in their community or need to travel outside of the taxi service area.

RideLine Service to surrounding counties is ONLY available for second opinions, consultations, or service NOT duplicated in Waukesha County. Prior approval is required.

Please **mail** your completed application to:

AGING AND DISABILITY RESOURCE CENTER OF WAUKESHA COUNTY
HUMAN SERVICES CENTER
514 RIVERVIEW AVENUE
WAUKESHA, WI 53188-3631

Or **fax** your application to: (262) 896-8273

If you have any questions, please call (262) 548-7928 or (866) 677-2372
RideLine & Local Shared-Fare Taxi
APPLICATION FORM

If you need assistance filling out this form, call the Aging and Disability Resource Center at (262) 548-7928.

PLEASE PRINT

I am applying for:

☐ Shared-Fare Taxi Program
(Complete Sections I and sign. Also complete the Disability Determination Form if needed)
*Please note that taxi service is very limited in the Menomonee Falls/Lannon area. If you live in these areas, please apply for both Shared Fare taxi and RideLine Programs

☐ RideLine Program (Accessible Van Service)
(Complete Sections I and Section II and sign. Also complete the RideLine Fare Determination Form and the Disability Determination Form if needed)

☐ Both the Shared Fare Taxi & RideLine Programs
(Complete all sections of the Application form, the RideLine Fare Determination Form and the Disability Determination Form if needed)

Privacy Policy: The information you are being asked to provide is needed to determine if you are eligible to receive services and to comply with federal reporting requirements. This information will be stored in a secure electronic database and will not be used for any other purpose. Your information may be shared with the transportation providers that the ADRC contracts with for transportation services. This information will not be sold to anyone. You have the right to review your electronic record and request changes to assure accuracy. Failure to provide this information may result in a denial of some services. If you have questions regarding this, please ask the ADRC staff.

Section I: Required Information for all Applicants

Personal Information:

Name ____________________________________________________________

Date of Birth _______________________ Age _______ ☐ F ☐ M

Permanent Address________________________________________________ Apt # _________________
City/Village/Town________________________________________________ Zip ______________________

Daytime Phone: (____) _________________ Evening Phone: (____) ________________________

Email: __________________________________________

Emergency Contact Information:
Provide information on at least two persons to be contacted in case of emergency

1. Name ___________________________ Relationship __________________________

   Phone (____) _____________________ Phone (____) __________________________

2. Name ___________________________ Relationship __________________________

   Phone (____) _____________________ Phone (____) __________________________

Primary Physician Name: __________________________________________

Office Address/City/Zip: __________________________________________

May 2021
Other Information:
1) Are you a non-driver or limited driver? □ Y □ N
2) Are you able to enter and exit a vehicle with little or no assistance? □ Y □ N
3) Do you use any of the following? □ Y □ N
   *If yes, check all that apply:
   □ Cane □ White cane □ Manual Wheelchair*
   □ Walker □ Orthotic/Prosthetic □ Powered Wheelchair*
   □ Crutches □ Service Animal □ Scooter*
   □ Portable oxygen
   *If wheelchair/scooter are oversized, please provide the length _________ and width ____________
4) Are you receiving Medicaid (Title 19)? □ Y □ N
5) Are you receiving services via one of the Wisconsin Publicly Funded Long Term Care Programs? □ Y □ N
   *If yes, which one?
   □ Family Care/PACE/Partnership - Please provide the name of your MCO: ________________
   □ IRIS – Please provide the name of your ICA: ________________
6) Are you between 18 and 60 years of age? □ Y □ N

*If yes, you must have a disability determination to qualify.*

Either a Disability Designation Form (included with this application) or a Benefits Verification Form is required to be attached to the application at the time of submission.

Section II: Additional Required Information for RideLine Program Applicants

1) Do you have a personal attendant who is required to accompany your travel? □ Y □ N
   A “personal attendant” is defined as “a personal aide to the passenger, necessary to facilitate the safe mobility of the passenger.”

   *Note that if an attendant is necessary to provide mobility assistance or supervision to ensure safety beyond the basic door-to-door service provided by the RideLine program, all travels will require an attendant and no rides can be arranged without one.

   Rider is responsible to provide, or arrange for, their own attendant.

2) Are you able to transfer from a wheelchair or scooter to a seat with little or no assistance? □ Y □ N □ N/A

Signature

I believe the information provided in this application is true and correct. I understand that deliberately providing false information is punishable by law and may jeopardize the receipt of services. I hereby authorize the Aging and Disability Resource Center to verify the information in this application.

Signature of Applicant: _______________________________ Date: _______________________________

If this application has been completed by a person other than the applicant, please complete the following:

Name _______________________________ Relationship to Applicant _______________________________

Agency Affiliation (if appropriate) _______________________________

Address _______________________________ City __________________ Zip __________________

Daytime Phone (___) __________________ Evening Phone (___) __________________

Signature: _______________________________ Date _______________________________
Aging and Disability Resource Center of Waukesha County
RIDELINE FARE DETERMINATION FORM

Personal Information:
Name_________________________________________________ Birth Date________________
Address_______________________________________________ Apt #________ Zip________
City__________________________________________________ Phone (____)_____________

Financial Information:
1) Do you receive Title 19? □ Y □ N
2) Are you enrolled in one of the Wisconsin Long Term Care Programs? □ Y □ N
   (Family Care, IRIS, PACE or Partnership)

   If you answered yes to either question 1 or 2, skip to signature section

3) Please choose option A or B below and supply requested information as applicable.

□ OPTION A: I do not wish to divulge my financial information. I agree to pay the following fare:
   One-way trip within the same community: $  8.55
   One-way trip from one community to another $11.15
   One-way trip to an adjoining County $17.90
   (available ONLY with prior approval for medical and ONLY if service is
   NOT available in Waukesha County):

□ OPTION B: I have listed my financial information for the Aging and Disability Resource Center of Waukesha County.
The information will only be used to determine my RideLine fares based upon my ability to pay.

   Passenger                                           Spouse

1) Average Monthly Income:  $_____________________   $_______________
2) Average Monthly Medical Expenses $_________________   $_______________
3) Total Liquid Assets:  $_____________________   $_______________

   • Average Monthly Income: include your social security, pension, disability, wages, interest/dividends, rental
     income, and any other income you may receive.
   • Average Monthly Medical Expenses: include medicine, medical supplies, supplemental health insurance premiums,
     and dental, doctor or hospital bills. DO NOT INCLUDE medical expenses paid for by Medicare, Medicaid, or other
     insurance.
   • Total Liquid Assets: include savings, checking, CDs, IRAs, stocks, bonds, trusts, and annuities.

Signature_____________________________________________ Date__________________

This information is true and complete to the best of my knowledge. I authorize the use of this information by
representatives of the Aging and Disability Resource Center of Waukesha County for the purposes of fare determination.
I understand this information will remain confidential.

Please return this completed form to: Aging and Disability Resource Center of Waukesha County
Human Services Center
514 Riverview Avenue
Waukesha, WI 53188-3631 OR FAX TO (262) 896-8273

3 May 2021
Local Shared-Fare Taxi
DISABILITY DESIGNATION FORM

If you are under age 60, this form must be submitted with your application. The information provided on this application will be kept confidential and will only be used by the Aging and Disability Resource Center of Waukesha County for determining eligibility for the specialized transportation programs.

If you need assistance filling out this form, call the Aging and Disability Resource Center at (262) 548-7928.

PLEASE PRINT

Name of Applicant: ___________________________________________ Birth Date________
Address________________________________________________ Aapt # ______ Zip ______
City________________________________________________________ Phone (___)___________

TO BE COMPLETED AND SIGNED BY PHYSICIAN

1) This is to certify that ____________________________ has a physical, mental or other (Applicant’s Name) disability that requires specialized transportation.

2) This disability is (circle one) PERMANENT / TEMPORARY.
   If temporary, this person will require specialized transportation from the period beginning ___________________ and ending _____________________.

3) Is a personal attendant required for this person while traveling? □ Y □ N
   A “personal attendant” is defined as “a personal aide to the passenger, necessary to facilitate the safe mobility of the passenger.”

I certify that to the best of my knowledge the information contained on this form is true and correct.

PRINT NAME_________________________________________ DATE _____________
SIGNATURE __________________________________________ NPI or Tax ID #_________
TITLE ________________________________________________
AGENCY NAME _______________________________________
Address ___________________________________________ City _______________ Zip ______
Phone (___)_________________

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Human Services Center
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Waukesha, WI 53188-3631 OR FAX TO (262) 896-8273