Alamo Area Resource Center
Transportation Application:

Applying for Transportation Assistance: ☐ Yes ☐ No

Personal Information

Name: (Last, First, MI)			Client ID	
Address		City:	State:	Zipcode:
Facility Name and/or Apartment Name:			Gate Code:	
Home Phone:	Work Phone:	Cell Phone	Email Address:	

Related Affected

Name (L, F)	Birthdate	Relationship

Applying for monthly bus pass?: ☐ **Yes** ☐ **No**

Eligibility Criteria (Van and Bus pass)	Acuity/Needs Assessment (Bus passes only)			Total
☐ At or Below 300% of the Federal Poverty Guideline	☐ No Household Income	6 pts		
☐ Proof of Positivity	☐ Homeless or no permanent address (by HUD definintion)	2 pts		
☐ Proof of Residency	☐ Minor dependents in the household	2 pts		
☐ Assessed for other transportation resources to include Medicaid, VIA Trans, 211, LeFleur, VIA-Start Shuttle, AACOG, etc.	☐ Income less than 100% of FPL (only for clients with income)	2 pts		
☐ ID	☐ AIDS diagnosis (verification on file or in Aries)	2 pts		
☐ Linked to Health Outcome	☐ Not receiving ongoing financial/rental assistance	2 pts		
☐ Medical Appointment within the last six months. Date of LMV _____________	☐ Accessing mental health/subtance abuse services	2 pts		
☐ Rely on agency transportation to access medical care	☐ Rely on agency transportation to access medical care	5 pts		

Half Fare eligibility:

Do you receive Medicare? (Medicare recipients will qualify for half-fare bus pass only)	☐ Yes ☐ No
Do you have a VIA Half Fare ID Card?	☐ Yes ☐ No

Agreement and Authorization

I state that the information I have provided is true, accurate and correct. I understand that intentially false or misleading information is grounds for denial of AARC transportation services. If approved, I agree to follow the rules and guidelines established by AARC and to promptly inform AARC of any changes in my residence, phone number, and if applicable, my caregivers name and phone number; and any significant change in my condition that would affect my level of mobility. I understand that failure to follow proper procedures or cooperate with AARC staff; demonstrating illegal or disruptive behavior; or if my condition at any time poses a direct threat or safety of others, such situations may result in either suspension and/or termination of service.

By signing below I acknowledge that I have received a copy of the AARC Medical Transportation Booklet that includes information about safety and proper conduct as well as our no show policy. I also understand I must review my eligibility documents with my case manager/intake specialist every six months in order to continue receiving services at AARC.

Client Signature:____ Date:_______________________

Staff Signature:____ Date:_______________________