



# Wheels to Wellness

A non-emergency medical transportation assistance program

## Adult Application

**PART I to be completed by all applicants.**

**PART II to be completed and signed by a medical certifier, if applying on the basis of a disability.**

**An enrollment fee of \$15.00 is due upon enrollment.**

**Mail completed form to the Potomac and Rappahannock Transportation Commission (PRTC) or faxed to (703) 583-1702. Incomplete forms may cause processing delays.**

### PART I

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

*Proof of residence must accompany this application. Please refer to page 3 for acceptable documents.*

Telephone: Day (\_\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_\_) \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security number (last four numbers only): XXX-XX-\_\_ \_\_ \_\_ \_\_

### How to Qualify for the Wheels-to-Wellness Program:

- ❖ Applicants can **NOT** be eligible for non-emergency Medicaid transportation through the Virginia Department of Medical Assistance Services.
- ❖ Applicants **MUST** live in a low-income household. ***Combined household income of not more than 1.9 times the federal poverty level. Verification required. See page 4 for information.***

Number of persons in household: \_\_\_\_\_. And,

I am 80 years or older. (*Attach a photocopy of a government-issued photo ID showing date of birth*); or

I have a disability as defined by the Americans with Disabilities Act. (*Must have a certifier complete Part II*)

### Transportation Accommodations I Require:

Wheelchair     Walker     Service Animal (If other than dog, specify \_\_\_\_\_)

Companion     Other, please explain: \_\_\_\_\_

I, \_\_\_\_\_, \_\_\_\_\_,  
(print) (signature)

do hereby certify that the information provided herein is true and accurate to the best of my knowledge. I understand my application and eligibility criteria are subject to review and verification, and misrepresentation of any information may result in suspension or termination of my program enrollment and transportation assistance. I also understand that I may be required to reimburse the Wheels-to-Wellness program for any monies afforded me as a result of providing inaccurate information or through the misuse of the electronic purchasing card issued to me under the program rules. I understand random, periodic eligibility checks of participants enrolled in *Wheels-to-Wellness* may be conducted. I understand I may be contacted to ask if the service being provided through the program is satisfactory.



**Part II**

**Applicant Name:** \_\_\_\_\_

**To be completed by a physician or any one of the following state or nationally certified professionals: Physical Therapist, Occupational Therapist, Rehabilitation Counselor, Registered Nurse, or Social Worker.**

**Eligibility Criteria: Please check the eligibility criterion that pertains to the applicant.**

Is required to use a wheelchair

Has an impairment that prohibits standing alone for ten (10) minutes or more and requires the use of a crutch, cane, brace, walker, or other assistance.

Cannot climb a flight of three (3) steps with an eight (8) inch rise, and cannot walk one hundred yards on a level surface of grade without pause.

Is legally blind. The definition of legal blindness is “central visual acuity of 20/200 or less in both eyes with best correction or visual field restriction of 20 degrees or less.

Has a diagnosis of a developmental or an intellectual disability, head injury, Alzheimer’s Disease or a related disorder, and has a cognitive impairment (inability to follow verbal, written, or pictorial directions) which causes disorientation, confusion, or demonstrates problematic stimulation when in an environment associated with crowds and / or noise.

Deaf or hearing impaired. (This guideline **must** be certified by either a licensed audiologist or a licensed otolaryngologist who is relying upon an audiogram for diagnosis): An individual whose hearing loss is 70 dba or greater in the 500, 1000, 2000 KHZ ranges in both ears, regardless of the use of hearing aids.

Is the disability permanent? \_\_\_\_\_ Is the disability temporary? \_\_\_\_\_

If temporary, for how long (in months)? \_\_\_\_\_

**Do any of the following pertain to the applicant?**

	Yes	No
1. Has a medical condition that prevents him/her from using a seat belt.	_____	_____
2. Must travel with an escort or companion. (If “Yes”, applicant will be required to travel with an escort at all times.)	_____	_____
3. Requires the assistance of a service animal in order to travel.	_____	_____

**This information reflects my professional judgment that the applicant is eligible according to the criteria established here.**

Certifier’s Name: \_\_\_\_\_

Profession: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Registry/State Certification Number: \_\_\_\_\_

Certifier’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Staff Use Only*

Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_

**Wheels-to-Wellness** ID Number: \_\_\_\_\_





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## **Adult Application**

### ***Proof of Residency:***

To provide proof of residency, the document must show your name and the address of your current residence as it appears on this application. You must give a street address. A post office box or business address is not acceptable.

*Homeless individuals may be able to substitute proof of residency for proof of services received if they are receiving assistance from a social service agency or a non-profit organization at a facility in the Greater Prince William area.*

Examples of acceptable documents are:

- Utility bill, not more than two months old, issued to applicant (examples include gas, electric, sewer, water, cable or phone bill). Cellular phone and pager bills are not accepted
- Payroll check stub issued by an employer within the last two months
- U.S. Internal Revenue Service tax reporting W-2 form or 1099 form (not more than 18 months old)
- U.S. or Virginia income tax return from the previous year
- Original monthly bank statement not more than two months old issued by a bank
- Annual Social Security Statement for the current or preceding calendar year
- Current automobile or life insurance bill (cards or policies are not accepted)
- Certified copy of school records/transcript from a school in which applicant is currently enrolled, issued by a school accredited by a U.S. state, jurisdiction or territory OR a Virginia Department of Education state, jurisdiction or territory OR a Virginia Department of Education Certificate of Enrollment form (a report card is not accepted)
- Virginia Voter Registration Card
- Virginia driver's license, learner's permit or DMV photo ID card displaying the applicant's current Virginia address
- School Certificate of Enrollment form (a report card is not accepted)
- Current homeowners insurance policy or bill
- Cancelled check (not more than two months old) with both name and address imprinted
- Deed, mortgage, monthly mortgage statement or residential rental/lease agreement
- U.S. Postal Service change of address confirmation form or postmarked U.S. mail with forwarding address label