

Senior Transportation is part of the City of Austin Parks and Recreation Department, Senior Programs Division. Our goal is "to provide a special system of transportation to enhance the quality of life and promote independence for persons 60 years or older".

How does it work?

- Services provided Monday through Friday, 8:00am 5:00pm.
- Clients may make reservations 30 days in advance. Minimum 24 hour notice.
- Intake forms required.
- Drivers provide curb to curb service. Assistance provided when needed.

Who is eligible?

- Older Adults 60+
 - *Riders with cognitive impairments are advised to have a caregiver accompany them.
 - *Riders in a wheelchair must let the dispatcher/senior transportation staff know that they need a handicap accessible van/bus when scheduling a ride.

Types of Services

Regular Routes / Lunch Program: Provides reliable service from your door to nearest congregate meal lunch locations and back home again. FREE / \$1.00 donation optional

Reserve-a-Ride: Choose when and where you want to go within Austin City limits.

Errands (non-medical): Destinations include grocery store, shopping centers, bank, hair salon, etc.)3.00 each way / \$6.00 round trip

<u>Medical Appointments:</u> Destinations include: doctor, dentist, etc. (non-emergency appointments). \$3.00 each way / \$6.00 round trip

Group Travel: Do you want to travel with friends? Whether touring the Texas Hill Country or cruising to San Antonio for the afternoon, Senior Transportation can be your chauffeur. We serve groups of 7 or more in Austin area and 10 or more for out of town trips. Depending on your destination, fees range at a rate of \$2.00 per passenger for every 10 miles.

CALL 512-974-1464 to make reservations or if you have any questions
Please mail complete forms to:
Austin Parks and Recreation
Attn: Senior Transportation
200 South Lamar Blvd
Austin, TX 78704

The City of Austin is committed to compliance with the Americans with Disabilities Act. Reasonable modifications and equal access to communications will be provided upon request.

//Area Agency
on Aging
of the Capital Area

AAACAP 2014 Client Intake Form

AAACAP 2014 Client Intake Form				Ethnic Race:		Ethnicity:			
All information except SSN is required. Please print. In boxed areas, leave blank box between words.				☐ American	Indian / Alas	☐ Hispanic o	☐ Hispanic or Latino		
PERSONAL	☐ New Intake ☐ Inf	ormation Update □ Re	einstate	□ Asian			☐ Not Hispanic or Latino		
Prefix: □ Mr. □ Mrs. □ Ms.				□ Black/Afri			□ Unknown		
First Name: M.I.:	Last Nam	e:		□ Native Ha					
				☐ White Nor☐ White His	_	n-minority)			
AKA Name:				□ Other	-				
Suffix:	_ Marital Status (cl	neck one):		Annual Incom	ie				
Date Registered (Intake Date):	□ Married	□Widowed		Persons in	Poverty	Low	Moderate	High	
	□ Separated	□Divorced		Family Unit	(2014)	Income	Income	Income	
	☐ Single	☐ Domestic Pa	artner						
Gender: ☐ Male ☐ Female	Social Security N	Number (last 4 if possible)	1	\$11,670 or below	\$23,340	\$35,010	\$46,680 or above	
Birth Date: (numerical mm/dd/yyyy)				2	\$15,730 or	\$31,460	\$47,190	\$62,920 or	
	☐ Declined SS	N			below		, ,,,,,	above	
Home Phone: □ No Phone	Alternate Phone:			Each additional	\$4,060	\$8,120	\$12,180	\$16,240	
				person, add:	ŕ				
Email address:							vn, moves the c		
We do not share email addresses with any other organiz	zation. This email addres	s will be used to share inform	nation				a person who li dered Moderat		
about our programs and services.	1 . 1						sidered Low In		
☐ I do not have an email address or I do not wis	in to snare it.				5 \$11,071, 61105		Diddidd Bow In	•••••	
Residential Address:				Do you live	alone?:	☐ Yes	□ No		
				Eligibility Ty	ne:				
				☐ Age 60 or	•				
~				☐ Spouse of					
County:					(eligible person's	name)			
Town/City:			☐ Person Ur	nder Age 60 wi	th a Disabilty	Living in Elde	rly Housing		
					nder Age 60 wi	th a Disabilty	Living with Pe	rson Age 60	
				and Over					
	ZIP Code:			☐ Volunteer					
Mailing Address: (Same as Residential	□)	Directions to Home (if nee		ervice delivery)	:				
		Yes No)						
County:								Rev 2/6/2014	

Consumer								
First Name: M.I.:	Last Name:		The information on this form is required by your local service provider, the Area Agency on Aging					
CHARACTERISTICS		of the Capital Area (AAACAP), and the Texas						
Disabled: Yes No	Department of Aging and Disability Services. All							
Understands English: ☐ Yes ☐ No			information provided will be kept confidential and					
If No, primary language	guarded against unofficial use. Information gathered through an intake or through an assessment may							
Targeting Criteria for Those Age 60 and Over (mark ☐ At risk for institutional placement ☐ Residing in a rural area ☐ Has a severe disability	all that apply):		be shared to effectively plan, arrange and deliver services to meet your needs.					
 ☐ Has Alzheimer's disease and related disorders/dysf ☐ Has greatest economic need ☐ Has greatest social need ☐ Has limited English proficiency 		□ Release of information has been clearly explained to the consumer.						
Emergency Contacts		Signature of Individual Completing Form Date						
Family/Friend/Relative: First Name: M.I.: Relationship:	Last Name:		Home Phone: Alternate Phone:					
Primary Physician: First Name: M.I.:	Last Name:		Office Phone:					
FOR OFFICE USE ONLY		Comments:						
Form completed, reviewed or accepted by:	Service:							
Staff/Volunteer Name:	☐ Congregate Meals							
Telephone Number:	☐ Home Delivered Meals							
Provider:	☐ Transportation							
Site:	☐ Falls Prevention							
	ı J							



Title III Clients Termination Notice

	remination											iLIIL	
of the Capital Area AAACAP	Notice	Address:											
Attach supporting docur	nentation as applicab	le											
rovider:		City:											
☐ Bastrop Emergency Food Pantry & Supp☐ City of Austin☐ City of Round Rock	ort Center												
☐ Combined Community Action ☐ Hill Country Community Action A ☐ Meals on Wheels and More ☐ Williamson-Burnet County Oppor		State: 7	ZIP Code:] - [] []	Birth I	Date:	(nume	erical mr	m/dd/yyy	ry)
ervice:			<i>,</i>] / [/ _		
Congregate Meals (C1)													
Home Delivered Meals (C2)													
Transportation													
lite:													
Termination of Service]	Effective date											
] Deceased	-												
] Moved	-												
Entered Nursing Home/Assisted	Living												
No longer needs service/Inactive	-												
Unable to Contact	-		For A	AACAP	Use								
]Other								End D	ate				
Brief explanation:				Congrega	te Meals	(C1)					-		
			_ 	Home De	livered M	Ieals (C2	2)				_		
			- ₋	Transport	ation						-		
rovider Staff Signature	Date		AAAC	AP Staff Si	gnature			$\overline{\mathbf{D}}$	ate				

First Name, Middle Initial, Last Name:



Area Agency on Aging of the Capital Area

Client Rights & Responsibilities for Older Americans Act Programs

The Area Agency on Aging of the Capital Area welcomes you as a participant in programs for older individuals and family caregivers in our region. This program is mandated by the Older Americans Act of 1965, as amended, and provides access and assistance and other supportive services. The programs and services are administered by the Area Agency on Aging with funding provided through the Texas Department of Aging and Disability Services, client contributions and local funding.

Programs and services are designed for individuals age 60 or older and/or their family members and other caregivers. Our goal is to assist older individuals in leading independent, meaningful and dignified lives in their own homes and communities as long as possible through the provision of limited support services. Information will not be released to anyone, or any agency without your informed consent, with the exception of records subpoenaed by a court of law.

Client rights and responsibilities:

- 1. You have the right to be treated with respect and consideration. You have the right to have your property treated with respect.
- 2. You may not be denied services on the basis of race, religion, color, national origin, sex, disability, marital status, or inability and/or unwillingness to contribute.
- 3. You have the right to make a complaint/grievance or recommend changes to policy or service, without restraint, interference, coercion, discrimination or reprisal. To make a complaint or grievance contact the Area Agency on Aging. Contact information is identified below:

Service Provider Information	Area Agency on Aging Information
City of Austin Parks & Recreation Department	Area Agency on Aging of the Capital Area
Transportation	6800 Burleson Rd. Bldg. 310, Ste. 165
200 South Lamar	Austin, TX 78744
Austin, TX 78704	Toll Free 888 622 9111
Phone 512-974-1461; 512-477-5961	Phone 512 916 6062
Fax	Fax 512 916 6042

1.	You have the right to participate in the development of a care plan to address unmet	needs.
5.	You have the right to be informed in writing of available services and the applical the services are not covered or are unavailable by Medicare, Medicaid, health insura Americans Act funding.	U

	Client Signature Date						
I hold harmless this Area Agency on Aging program, its parent organization, funders, and the sponsoring state agencies for any liability arising out of the services provided in accordance with program guidelines.							
10.	. You have the responsibility to provide the Area Agency on Aging or its services procomplete and accurate information.	ovider(s) with					
9.	You have the responsibility to inform the Area Agency on Aging or its service provious intent to withdraw from the program or any known periods of absenteeism when ser be utilized.						
8.	You have the right to make a voluntary, confidential, contribution for services received the Area Agency on Aging. Services will not be denied if an eligible participant chooses not to make a contribution. All contributions will be kept confidential utilized to expand or enhance the service(s) for which they were provided.	is unable or					
7.	You have the right to be informed of any change in service(s).	N/A					
6.	You have the right to make an independent choice of service providers from the list the Area Agency on Aging where multiple service providers are available and ch providers when desired.	•					