

# MEDICAL ASSISTANCE TRANSPORTATION PROGRAM ELIGIBILITY FORM

## SECTION I - HOUSEHOLD IDENTIFYING INFORMATION

NAME (Last, First, MI)	DATE OF BIRTH	TELEPHONE NUMBER
ADDRESS (Street, City, Town, State, Zip Code)		COUNTY OF RESIDENCE

## SECTION II - MEDICAL ASSISTANCE ELIGIBILITY VERIFICATION/REVERIFICATION

MATP FUNDING STATUS	<input type="checkbox"/> GROUP I <input type="checkbox"/> GROUP II	<small>(D-00, D-05, K-00, B-00, PD-00, PD-21, PD-22, PK-00, PK-21, PK-22, TD-00, TD-11, TK-00, TK-11, TB-00)</small>	
ACCESS CARD INFORMATION	RECIP NUMBER	SOCIAL SECURITY NUMBER	CARD ISSUE NO.

EVS ELIGIBILITY INFORMATION  COMPLETED BY: _____	DATE OF SERVICE				
	HEALTH CARE BENEFIT CODE				
	PROGRAM STATUS CODE				
	CATEGORY OF ASSISTANCE				
	PLAN NAME				
	HOTLINE NUMBER				
	LOCK IN INFO				

## OTHER ELIGIBLE HOUSEHOLD MEMBERS

NAME	RECIPIENT NUMBER	SSN	STATUS	DOB	GRP	MODE	FREQ/Wk-Mo	SPEC. NEED

MODE KEY ▶ P = Public Transit    S = Shared Ride    A = Private Auto    V = Volunteer    O = Other (See Svc. Notes)

## SECTION III - DETERMINATION OF NEED FOR SERVICES

OTHER FUNDING SOURCES	<input type="checkbox"/> PENNDOT 203 <input type="checkbox"/> DEPARTMENT OF AGING <input type="checkbox"/> OTHER (Explain) _____
SPECIAL NEEDS	▶
MODE	▶
OTHER INFORMATION/ SERVICE NOTES	▶

## SECTION IV - ELIGIBILITY DETERMINATION DECISION

ELIGIBILITY STATUS	<input type="checkbox"/> ELIGIBLE <input type="checkbox"/> INELIGIBLE	DATE CLIENT NOTIFIED	DATE ELIGIBILITY DETERMINED
INELIGIBLE (Explain)			

## SECTION V - AFFIRMATION OF INFORMATION

I hereby certify, that, to the best of my knowledge, the information contained herein is true, correct and complete. I agree to report any changes in circumstances immediately to this Service Provider. I understand that documentation of all eligibility factors may be required to determine eligibility correctly or for auditing purposes and that giving knowingly false statements is a criminal offense. I understand that I have a right to request a Department of Public Welfare fair hearing. This affirmation statement covers all attachments required for the determination of eligibility.

SIGNATURE OF CLIENT OR DESIGNEE	DATE SIGNED*	SIGNATURE OF INTERVIEWER	DATE SIGNED*