

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	(D-00, D-05, B-00, PD-00, PD-21, PD-22, PD-29, TD-00, TD-11, TB-00)
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
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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*