



Lower Arkansas Valley
Area Agency on Aging

**Lower Arkansas Valley Area Agency on Aging
(LAVAAA)**

**Volunteer Non-Emergency Medical Transportation
(NEMT)**



Program Information and Application Packet

LAVAAA/NEMT Transportation Office: (719) 383-3164

Postal Mail:

**Otero County (LAVAAA/NEMT)
13 W 3rd St, Room 110
La Junta, CO 81050**

Email: jay.alexander@state.co.us

FAX: 719-383-4607

**Lower Arkansas Valley Area Agency on Aging (LAVAAA)
Volunteer Non-Emergency Medical Transportation (NEMT)**

Donations and gifts contribute towards the cost of services to support our efforts.
Every dollar received goes back into the programs and services offered.
Donations are voluntary and are never required to receive transportation services.

Donations should be made payable to: LAV NEMT
Donations should be mailed to: LAVAAA/NEMT
13 W. 3rd St, Room 110
La Junta, CO 81050

Otero County Department of Human Services will make every effort to provide economic assistance to individuals to maintain their activities of daily living and physical well-being within the limits of local, state, and federal policies.

Otero County is dedicated to the principles of equal opportunity. Otero County prohibits unlawful discrimination against applicants based on race, sex, color, religion, age, national origin, disability, genetic information, sexual orientation, veteran or marital status, or any other status protected by applicable law.

If you believe there has been a violation of the EEO policy or harassment based on the protected classes outlined above, including sexual harassment, please use the following complaint procedure. Otero County expects applicants to make a complaint within 5 working days to enable the County to investigate and correct any behavior that may violate this policy.

Report the incident to an elected official/department head and/or Human Resources (EEO/ADA), who will investigate the matter and take corrective action, as necessary. Your complaint will be kept as confidential as practicable. Reasonable efforts will be made to maintain the confidentiality of everyone involved in any investigation.

Client Eligibility and Responsibilities

The LAVAAA/NEMT program is available for scheduled doctor's appointments and authorized quality of life appointments **when the client has no other means of transportation.**

Program Application:

The LAVAAA/NEMT program application **must be completed** in its entirety and returned with any required accompanying documentation to determine program eligibility. **Areas left blank will delay eligibility determination.** CSBG funded rides are income based and evidence of income must be provided along with the completed application to determine eligibility for this grant. Evidence of income is **mandatory** for all CSBG applicants.

Ride Requests:

All ride requests must be made by calling the transportation office: 719-383-3164. Transportation office hours are Monday - Friday from 8:00am to 1:00pm.

All requests for rides must be received at least 3 Business Days prior to the appointment. All changes in ride requests i.e.; appointment cancellations, time changes, location changes or any special requirements must be reported to the Transportation Coordinator at: (719) 383-3164. If you have spoken to a driver, you must also inform your driver of any changes.

Veterans:

All veterans **MUST** complete and agree to the American Legion Post #9 Statement of Understanding and Authorization. **Veterans using the Veterans Transportation Network are not eligible to collect travel reimbursement from the VA.** Volunteer drivers cannot request or receive any monies from the veterans that they are transporting.

Veterans may donate to the LAVAAA/NEMT program.

Donations should be made payable to: **American Legion Post #9**

Donations should be sent to:

Rick Ward - Veteran Service Officer

13 W 3rd St., Room 110

La Junta, CO 81050

This ensures there has been no pressure placed on any veteran to donate, and that there is NO cash exchanged between the drivers and the veteran receiving transportation services.

Client Requirements:

- You are not allowed to smoke in a driver's car unless they offer that as an option.
- All riders must wear their seatbelt at all times.
- It is your responsibility to contact the LAVAAA/NEMT office at: (719) 383-3164 to schedule ride requests.
- You must provide the date, time, facility name and address; including city, and the amount of time that your appointment is scheduled to last. Ask your provider if you are not sure.
- The maximum allowable limit in a fiscal year for ride requests is \$1,000.
- You must have a working contact number so that a volunteer driver and/or transportation staff can contact you.
- Your ride request can be canceled for failure to return missed calls from staff or drivers.
- You must contact the transportation office as soon as possible regarding any changes or cancellations of your appointments.
- If you have spoken to your driver, it is your responsibility to notify the driver of cancellations or changes to the appointment.
- You **MUST** be able to walk unassisted to and from the vehicle, your residence and the appointment location, and you **MUST** be able to self-transfer if using a wheelchair or walker.
- If you need assistance, you are responsible for arranging for someone to accompany you to provide that assistance.
- Do not request that a driver take you on personal errands.
- Alcohol, firearms, drugs, foul or offensive language, and illegal substances or items are not allowed for drivers or passengers. The driver has the responsibility to refuse transportation to anyone engaging in the above. Veterans have the responsibility to report any driver for violation of any of the above.
- **If it is medically necessary**, you may request to have someone ride with you to your medical appointment. If this is new, you must make this request when you call to request a ride.
- Clients under the age of 18 must have a completed application on file and a parent or legally responsible adult must accompany them.

Driver Restrictions:

- Do not ask drivers to schedule your ride requests.
- Drivers cannot lift you into or out of a wheelchair. You must be able to self-transfer.
- Drivers are not required to make non-medical related stops.
- Drivers are only reimbursed for the mileage shown on the ride request.

Safety: Wheelchairs/Walkers

- Drivers are NOT allowed to transfer clients into or out of a wheelchair or a walker. Clients must be able to self-transfer.
- Clients should be able to lock the wheels on their chair or walker to ensure their personal safety before making the transfer from the chair/walker into the vehicle, and again from the vehicle to the chair/walker.
- Clients that are unable to self-transfer must inform the transportation office AND provide someone to accompany them that can assist with transferring into and out of the chair/walker and vehicle.
- If a driver arrives at a home and discovers that the client is unable to self-transfer, the driver will inform the client that someone must accompany them to assist them.
- If the client is unable to provide someone to accompany and assist them, the driver will NOT move forward the ride request; the ride request is CANCELED.
- The driver is to contact the transportation office immediately and inform staff and staff will reach out to the client to discuss the canceled ride request.
- LAVAAA does NOT cover any risks a driver assumes by violating this policy and violation of this policy can result in discipline and/or termination.

Shared Rides:

Transportation staff work to fill all ride requests as long as funding and volunteer drivers are available. There are times when due to driver availability, close proximity and time of client appointments, and/or limited funding that staff will determine the need for a shared ride to fulfill open ride requests. You are never required to accept a request for a shared ride. In the event that you are unwilling to share a ride when needed, this may result in your ride request not being filled.



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**Lower Arkansas Valley
Area Agency on Aging**

13 W 3rd Street, Rm 110
La Junta, CO 81050
Phone: 719-383-3166
Toll Free: 800-438-3762
FAX: 719-383-4607

Lower Arkansas Valley Area Agency on Aging

Non-Emergency Transportation Suggested Fare Donation Policy

Lower Arkansas Valley Area Agency on Aging Non-Emergency Transportation protects the privacy of all passengers' decision to contribute or not contribute towards the cost of the transit services provided. We understand that our passenger's financial situation varies from person to person and their privacy is paramount. No passenger will be denied transit services for any reason, let alone their ability to contribute towards the cost of the transit services provided.

Lower Arkansas Valley Area Agency on Aging Non-Emergency Transportation realizes that donations are voluntary and anonymous, and a consumer's decision to contribute will not affect transit services provided to that individual or others.

Kenneth Shearer

Kenneth Shearer, Program Director
Lower Arkansas Valley
Area Agency on Aging

Lower Arkansas Valley Area Agency on Aging (LAVAAA) Volunteer Non-Emergency Medical Transportation (NEMT)



Program Application

This form must be completed and signed by the applicant, or parent/guardian to be considered for eligibility, and returned to the Lower Arkansas Valley Area Agency on Aging (LAVAAA), Volunteer Non-Emergency Medical Transportation (NEMT) Program to be considered for eligibility. **Any missing or incomplete information will delay the eligibility determination process and will result in the application being denied until the information is received.**

Last Name, First Name (PLEASE PRINT) :		Phone Number:	
Gender: ____ Male ____ Female ____ Other		DOB:	
Street Address:		Mailing Address:	
City: Zip:		City: Zip:	
Have you received and read a copy of the LAVAAA/NEMT Client Eligibility and Responsibilities? ____ Yes ____ No			
SSN: _____ - _____ - _____ (Obtaining Social Security numbers as referenced in THE PRIVACY ACT OF 1974, 5 U.S.C. § 552a, Sec. 7(b) is voluntary and is used by Otero County Department of Human Services to verify the identity of an individual.)			
FOR MEDICAL DISCHARGE RIDES ONLY			
Medical Staff Verifying the Ride Request: _____ Date: _____			
Staff Position: _____ Signature: _____			
LAVAAA/NEMT DRIVER SIGNATURE: _____ ER P/U TIME: _____			
Special Needs for Rides: ____ Walker - Foldable/Cane ____ Wheelchair (**MUST be foldable) Vehicle ____ Oxygen Plug-in		Other Special Considerations: ____ Low Profile Vehicle ____ High Profile ____ Someone to accompany (for medical reasons)	
Do you have Health First Colorado (Medicaid) benefits: ____ Yes ____ No			
Do you have Health First Colorado (Medicaid) Transportation benefits: ____ Yes ____ No			
Are you a VETERAN: ____ Yes ____ No			
If yes, you must complete the American Legion (AL Post #9) Statement of Understanding.			
Are you enrolled in VA medical benefits? ____ Yes ____ No			

* Please note that Veterans do not have to be enrolled in VA benefits to participate in this program.

ALL APPLICANTS

Are you 59* years of age or older? ☐ Yes ☐ No

* You must be 60 or older to qualify AAA funding. All applications will be kept on file for one year.

Ethnicity:

☐ Hispanic, Latino or Spanish Origin

☐ Not Hispanic, Latino or Spanish Origin

Race: (Multi-Race - Select All That Apply)

☐ American Indigenous/Alaskan Native

☐ Middle Eastern/North African

☐ Asian/Asian American

☐ Native Hawaiian/Pacific Islander

☐ Black/African American

☐ White

Marital Status:

☐ Single

☐ Domestic Partner

☐ Married

☐ Divorced

☐ Separated

☐ Widowed

Do You Live:

☐ Alone ☐ With Others

Total Household Size and Monthly Income: (You must include a copy of your income verification.)

*Please note that that household income does not disqualify you from receiving services.

1 Person in Household: ☐ ABOVE \$1,215 ☐ BELOW \$1,215

2 People in Household: ☐ ABOVE \$1,643 ☐ BELOW \$1,643

3 People in Household: ☐ ABOVE \$2,073 ☐ BELOW \$2,073

4 People in Household: ☐ ABOVE \$2,500 ☐ BELOW \$2,500

For each additional person in your household, include total number and add \$428 per person:

☐ Total # of People in your household (including you)

Total Household Monthly Income Before Any Taxes, Etc., Are Taken Out: \$ _____

Household Type:

☐ Single Adult

☐ Single Parent

☐ 2 Adults w/No Children

☐ 2 Parent Household

☐ Other: _____

Housing Status: ☐ Own

☐ Rent

☐ Homeless

Highest Grade Completed: _____

DISCLOSURES & WAIVERS

I have been informed of the policies regarding voluntary contributions, complaint procedures, and appeal rights. I am aware that in order to receive requested services, it may be necessary to share information with other departments or service providers, and I herewith give my consent to do so.

Signature: _____ Date: _____

ALL APPLICANTS

You must include a copy of your income verification to determine eligibility.

Are you a resident of Otero, Bent or Crowley County? ___ Yes ___ No

Is your income less than the amount shown on the CSBG Income Chart below? ___ Yes ___ No

CSBG INCOME CHART

Household Size	Annual Income	Monthly Income	Household Size	Annual Income	Monthly Income
1	\$18,225	\$1,568	4	\$37,500	\$3,250
2	\$24,650	\$2,129	5	\$43,925	\$3,810
3	\$31,075	\$2,689	6	\$50,350	\$4,370

INCOME SOURCES:

___ Employment
___ TANF
___ SSI
___ SSDI
___ VA Service Connected Disability Compensation
___ VA Non-Service Connected Disability Pension
___ Private Disability Insurance
___ Worker's Compensation
___ Retirement Income from Social Security
___ Pension
___ Child Support
___ Alimony or other Spousal Support
___ Unemployment Insurance
___ Earned Income Tax Credit
___ N/A (Not Applicable or None of the above)

Other Income Sources: _____

NON-CASH BENEFITS:

___ SNAP
___ WIC
___ LIHEAP (LEAP)
___ Housing Voucher
___ Public Housing
___ Childcare Voucher
___ Affordable Care Act Subsidy
___ HUD-VASH
___ Permanent Supportive Housing
___ N/A (Not Applicable or None of the above)

Other Non-Cash Benefits: _____

STATEMENT OF INCOME VERIFICATION

___ I have included a copy of my income verification along with this application; with the understanding that verification of income is mandatory to determine eligibility for CSBG funded transportation.

AUTHORIZATION FOR CSBG:

I do hereby authorize Otero County Department of Human Services to verify my income to determine my eligibility for Community Service Block Grant (CSBG) funds to be used for transportation through the Lower Arkansas Valley Area Agency on Aging Volunteer Non-Emergency Medical Transportation (LAVAAA/NEMT) Program.

Printed Name: _____ Signature: _____

DECLARATION FOR CSBG:

I do not have any means of transportation that is of no cost to the state of Colorado. **I am not eligible for Health First Colorado (Medicaid) transportation benefits.** Without reimbursement from the State, I would not be able to attend medically necessary and/or quality of life appointments. I understand the trip must be the most direct route to and from the appointment.

Signature: _____ Date: _____

ALL APPLICANTS

AUTHORIZATION FOR ALL APPLICANTS: I do hereby authorize Otero County Department of Human Services to verify my eligibility for Health First Colorado (Medicaid) transportation benefits. If I am eligible, I understand that I am not eligible for non-emergency medical transportation provided through LAVAAA/NEMT. I may be eligible for quality of life transportation assistance. I am aware that in order to receive requested transportation services, it may be necessary for LAVAAA/NEMT to share information with other departments or service providers, and I herewith give my consent to do so.

Signature: _____ Date: _____

AUTHORIZATION FOR SHARED RIDES

There are times when due to driver availability, close proximity and time of client appointments, and/or limited funding that LAVAAA/NEMT staff will determine the need for a shared ride to fulfill open ride requests. Working with the volunteer drivers and clients to fulfill ride requests will at times involve clients being willing to share a ride with other clients. In the event that a client is unwilling to share a ride when needed, this may result in the ride request not being filled. I am aware that in order to fulfill open ride requests, LAVAAA/NEMT staff may request that I share a ride, I do hereby give my consent to participate in shared rides.

Signature: _____ Date: _____

ALL APPLICANTS THAT ARE NOT VETERANS, ARE NOT 60 YEARS OLD, ARE NOT LOW-INCOME

Please complete if you are **NOT** a veteran, if you are **NOT** 60 years or older, and if you **do not** qualify for CSBG. You may still qualify for transportation assistance through the Lower Arkansas Valley Volunteer Non-Emergency Medical Transportation (LAVAA/NEMT) Program. Please tell us briefly about your need for transportation assistance:

For Office Use Only

The above individual has indicated that they receive/qualify for one of the public assistance programs through Otero County Department of Human Services (OCDHS) and has provided written authorization for release of the following information:

State (CBMS) ID Number: _____ Health First Colorado (Medicaid) Transportation: ____ Yes ____ No

Total Household Income: _____ Eligible at or below 125%: ____ Yes ____ No

Date Eligibility Verified: _____ Case Worker Printed Name: _____

Case Worker Signature: _____

Is the applicant a Resident of Otero, Bent, or Crowley Counties: ____ Yes ____ No

** Applicants must live in Otero, Bent, or Crowley Counties to qualify for LAVAAA/NEMT CSBG & A.L.#9 funded rides.*



2024.12.11



**Lower Arkansas Valley Area Agency on Aging (LAVAAA)
Volunteer Non-Emergency Medical Transportation (NEMT)**



Emergency Contact Form

Applicant Name: _____

Cell Phone: _____

Home Phone: _____

Email: _____

Home Address: _____

City, State, Zip Code: _____

Primary Emergency Contact

Name: _____

Relationship: _____

Cell Phone: _____

Work Phone: _____

Email: _____

Would you like us to share relevant medical information with this person in case of a medical emergency?

☐

Yes

☐

No

Secondary Emergency Contact

Name: _____

Relationship: _____

Cell Phone: _____

Work Phone: _____

Email: _____

Would you like us to share relevant medical information with this person in case of a medical emergency?

☐

Yes

☐

No

Signature: _____ Date: _____