

**CENTER FOR COMMUNITY BUILDING, INC
3525 NORTH SIXTH STREET
HARRISBURG, PA 17110**

(717) 232-7009 – MATP
(717) 232-9884- FAX
1-800-309-8905 TOLL FREE NUMBER

MEDICAL ASSISTANCE TRANSPORTATION PROGRAM

INSTRUCTIONS FOR FILLING OUT THE ELIGIBILITY FORM

COMPLETE ONLY THE SECTIONS AS FOLLOWS:

SECTION I:

NAME (LAST, FIRST, MIDDLE INITIAL)
DATE OF BIRTH
CURRENT TELEPHONE NUMBER
CURRENT ADDRESS (STREET, CITY, STATE AND ZIP CODE)
COUNTY OF RESIDENCE

SECTION II:

SOCIAL SECURITY NUMBER
OTHER ELIGIBLE HOUSEHOLD MEMBERS (I.E. CHILDREN, SPOUSE)

SECTION III:

LIST ANY SPECIAL NEEDS (WHEELCHAIR, CANE, WALKER, OXYGEN, AIDE)

SECTION IV:

ANSWER THE TWO QUESTIONS LISTED

SECTION V:

SIGNATURE OF CLIENT OR DESIGNEE
DATE

***RETURN WITHIN 30 DAYS OF DATE OF RECEIPT TO:
CENTER FOR COMMUNITY BUILDING, INC
3525 NORTH SIXTH STREET
HARRISBURG, PA 17110**