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 **DAUPHIN**

SECTION II – MEDICAL ASSISTANCE ELIGIBILITY VERIFICATION/RE-VERIFICATION

MATP FUNDING STATUS ▶ ☐ GROUP I ☐ GROUP II (D-05, B-00, PD-00, PD-21, PD-22, TD-00, TD-11)

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 ▶ ☐ PENNDOT 203 ☐ DEPARTMENT OF AGING ☐ OTHER (Explain) _____

SPECIAL NEEDS ▶

MODE ▶

OTHER INFO./ SERVICE NOTES ▶

SECTION IV – ELIGIBILITY DETERMINATION DECISION

ELIGIBILITY STATUS ▶ ☐ ELIGIBLE ☐ INELIGIBLE DATE CLIENT ▶ NOTIFIED DATE ELIGIBILITY ▶ DETERMINED

DO YOU LIVE ¼ MILE (4 BLOCKS) OR LESS FROM BUS ROUTE SERVICES? CIRCLE YES OR NO
DO YOU OWN OR HAVE ACCESS TO A VEHICLE? CIRCLE YES OR NO

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