



St. Anselm's Cross-Cultural Community Center

13091 Galway St. Garden Grove, CA 92844 Tel: 1-877-777-0988 Fax: (714) 537-7606

APPLICATION FOR TSR SENIOR NON-EMERGENCY MEDICAL TRANSPORTATION PROGRAM

Last Name: _____ First Name: _____ Date: _____

Address: _____ City: _____

Zip Code: _____ Home Phone: (____) _____ Cell or other: (____) _____

Date of Birth: _____ Male: _____ Female: _____

1. Have you ever applied for OCTA ACCESS? Yes No
 If yes, were you issued an ID#? _____ Yes No
 Are you able to utilize OCTA ACCESS? Yes No

IF YOU ARE ACCESS ELIGIBLE YOU DO NOT QUALIFY FOR THIS PROGRAM

2. Do you have any physical or functional limitations? Yes No
 If yes, please describe: _____

3. Do you require a mobility device or special equipment for transport? Yes No
 Please check all that apply:
 Cane ____ Walker ____ Wheelchair ____ Scooter ____ Oxygen ____ Other ____
 If yes, are you able to enter/exit the vehicle without your mobility device? Yes No
 Are you able to transfer from a wheelchair to seat with/without assistance? Yes No

4. Will a personal care attendant or assistant be traveling with you? Yes No

5. Do you require door-to-door assistance? Yes No
 If yes, please describe reasons why: _____

6. Please list your doctor(s) name & address:

7. How often do you anticipate needing to use the transportation service?
 Weekly _____ Monthly _____ Other _____
8. Emergency Contact Name: _____
 Emergency Contact Relationship: _____ Phone #: _____
9. How do you get to your medical appointments now? _____
10. Do you own a vehicle and are you able to drive? Yes No

I understand that the Saint Anselm's C.C.C.C. Transportation Program is required to verify my OCTA ACCESS eligibility and will share my information with the County of Orange, Office on Aging for this verification.

Applicant signature _____
Date

The following information is gathered for statistical data only and does not affect your eligibility:
 How did you hear about the program? _____

Ethnic background: Asian Black Hispanic White
Native American Other

Monthly Income per individual: less than \$800/monthly less than \$1,300/monthly
over\$1,300/monthly

PROGRAM USE ONLY

- Referrals to alternative transportation provided: _____
- Date ACCESS application was sent: _____
- Exceptions (temporary, unrestrictive etc.): _____
- Reason referred to OoA I&A: _____
- Need for follow-up contact: _____
- Requires wavier from trip fee due to financial hardship: _____



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SENIOR NON-EMERGENCY MEDICAL TRANSPORTATION WAIVER

I hereby acknowledge that the transportation is a service provided by St. Anselm's Cross-Cultural Community Center, Vietnamese Community of Orange County, Abrazar Inc. and the County of Orange, Office on Aging. I hereby waive the right to make any claims against St. Anselm's Cross-Cultural Community Center and the County of Orange, Office on Aging or their officials, employees and volunteers, for any injuries, damages, charge or expenses including attorney's fees which might be sustained as a result of my participation in the Senior Non-Emergency Medical Transportation Program at the St. Anselm's Cross-Cultural Community Center. I also acknowledge that the St. Anselm's Cross-Cultural Community Center reserves the right to refuse transportation service.

Name: _____ Date: _____
(Last) (First) (Middle)

Address: _____

City: _____ Zip Code: _____

Phone: Home: (____) _____ Cell: (____) _____ Message:(____) _____

Emergency Contact: _____

Relationship: _____ Phone: _____

Client's Signature: _____ **Date:** _____

Staff's Signature: _____ **Date:** _____



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SENIOR NON-EMERGENCY MEDICAL TRANSPORTATION CLIENT'S RIGHTS AND RESPONSIBILITIES

Each person receiving services from St. Anselm's Cross-Cultural Community Center (The Center) shall have rights and responsibilities explained to them at intake. These include, but are not limited to, the following:

Client's Rights

- To be treated with dignity, respect, fairness, and friendliness.
- To be informed of his/her rights and responsibilities while receiving services from the Center.
- To be informed of the service procedure.
- To access safe, healthful, and comfortable service accommodations.
- To voluntarily participate in the design, implementation, and evaluation services.
- To receive or reject services offer free of charge.

Client's Responsibilities

- To treat the Center's staff and others with dignity, respect, fairness, and friendliness.
- To provide accurate information necessary for the development and documentation of services.
- To adhere to the program/service agreements, policies, and procedure.
- To respect and avoid damaging the center's property and facilities.
- To conduct himself/herself in a manner that is not dangerous or disruptive.
- To inform the Center's staff at least two (2) days in advance for the services to be arranged.

Client's Signature: _____ **Date:** _____

Staff's Signature: _____ **Date:** _____



CLIENT'S COMPLAINT/GRIEVANCE PROCESS

Clients who deem they are not properly treated while receiving services from St. Anselm's Cross-Cultural Community Center (the Center), may have their complaints resolved according to the following grievance process:

Level One

Clients discuss the matter with the staff person who assists them. If the matter is resolved, the staff person will notify his/her direct supervisor and place a written report in the client's file. If the matter cannot be resolved to the client's satisfaction, then the client will be informed of the next level in the grievance process.

Level Two

Within five (5) working days after the completion of *Level One*, the clients may appeal, verbally or in writing, to the staff person's direct supervisor. The supervisor has five (5) working days to investigate the complaint and respond to the client. This may result in the interviewing of all parties involved. If resolution is reached, the supervisor will notify the Director of the Center and place a written report in the client's file. If the matter cannot be resolved to the client's satisfaction at this level, then the client may appeal to the third level. If the client fails to submit a complaint, verbally or in writing, to the next level, the matter will be considered closed.

Level Three

Within five (5) working days of the completion of *Level Two*, client may appeal, verbally or in writing, to the Director of the Center. The Director has five (5) working days to further investigate the complaint and respond to the client. This may result in the interviewing of all parties involved. A decision considered final will be rendered and forwarded in writing to the client. All other parties involved in the process will receive copies of the final decision.

Client's Signature: _____ Date: _____

Staff's Signature: _____ Date: _____