

# PARTICIPANT ELIGIBILITY FORM

The initial selection and eligibility process will take place at each Referring Agency. The Referring Agency Liaison will fill out the **Participant Eligibility Form** for each applicant to determine if they are eligible for the program. The completed Participant Eligibility Form will then be sent to the BRAG Mobility Manager for review.

## PROGRAM ELIGIBILITY

Program participants must meet five criteria in order to be eligible for the program:

1. Participant must meet disability criteria:
  - i. Has a disability in accordance with the Americans with Disabilities Act (ADA)
2. Participant must meet the financial eligibility criteria:
  - i. Participant must be living at less than 130% of poverty level and/or qualifies for Medicaid
3. Participant must not live within the limits of the region’s fare-free ADA Paratransit service area (see the CVTD service area map in section 6 of this document).

**Exception:** if a person has a severe disability that does not allow them to utilize curb-to-curb service but still lives within the limits of the region’s free-fare ADA Paratransit service then they may still be considered for the flex voucher program.

4. Participant must not have access to other transportation reimbursement programs or funding.

**Exception:** In the case that the program funding source is a sponsoring entity that requires additional eligibility requirements (for example: a private foundation that focuses on persons with a specific disability), these requirements can be determined once the sponsoring entity is found.

5. Participant must utilize the voucher(s) for non-emergency medical or health related trips

*Before asking questions, the Referring Agency Liaison will explain how the BRAG Flex Voucher Program works to make sure that each individual understands the general program principals.*

## GENERAL INFORMATION

**Participant Name:** \_\_\_\_\_

**Referring Agency:** \_\_\_\_\_

# PARTICIPANT ELIGIBILITY QUESTIONS

1. Has a disability in accordance with the Americans with Disabilities Act (ADA).

**Do you have a disability?**

Yes

No

**If yes, what is your disability?**

## REFERRING AGENCY LIAISON SECTION

Based on the above responses, is the participant eligible for the BRAG Flex Voucher Program?

Yes

No

If yes, continue to the next set of questions. If no, please thank the participant for participating and end the eligibility process.

2. Participant must be living at less than 130% of poverty level and/or qualifies for Medicaid.

<b>What is your current income (last two months)?</b> \$ _____	<b>2014 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA</b>	
	Persons in family/household	Poverty guideline
<b>Do you receive or qualify for Medicaid?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	1.....	\$11,670
	2.....	15,730
	3.....	19,790
	4.....	23,850
	5.....	27,910
	6.....	31,970
	7.....	36,030
	8.....	40,090

## REFERRING AGENCY LIAISON SECTION

Based on the above responses, is the participant eligible for the BRAG Flex Voucher Program?

Yes

No

If yes, continue to the next set of questions. If no, please thank the participant for participating and end the eligibility process.

**3. Participant must not live within the limits of the region’s fare-free ADA Paratransit service area.**

**Do you live within the region’s fare-free ADA Paratransit service area?**

- Yes
- No

**If so, are you able to utilize the curb-to-curb service or do you require door-to-door service?**

- Yes, I can use curb-to-curb service
- No, I require door-to-door service

**REFERRING AGENCY LIAISON SECTION**

Based on the above responses, is the participant eligible for the BRAG Flex Voucher Program?

- Yes
- No

If yes, continue to the next set of questions. If no, please thank the participant for participating and end the eligibility process.

**4. Participant must not have access to other transportation reimbursement programs or funding.**

**Do you receive transportation assistance from any other programs?**

- Yes
- No

**Are you a veteran?**

- Yes
- No

**REFERRING AGENCY LIAISON SECTION**

Based on the above responses, is the participant eligible for the BRAG Flex Voucher Program?

- Yes
- No

If yes, continue to the next set of questions. If no, please thank the participant for participating and end the eligibility process.

**5. Participant must utilize the voucher(s) for non-emergency medical or health related trips.**

**What is the purpose of the trip(s) where vouchers will be used?**

**REFERRING AGENCY LIAISON SECTION**

Based on the above responses, is the participant eligible for the BRAG Flex Voucher Program?

Yes

No

If yes, continue to the next set of questions. If no, please thank the participant for participating and end the eligibility process.

## PRIORITIZATION OF PROGRAM PARTICIPANTS

Due to the limited amount of funding for vouchers, please use the section below to help identify those with the greatest need for vouchers based on the additional criteria below. If the participant is eligible for vouchers based on their response to the previous five questions, simply fill out the section below and send the completed forms to the BRAG Mobility Manager for review. BRAG will contact the participant liaison following a review of all submitted forms.

### Prioritization Criteria

<b>Please Help Establish Participant Priority for Vouchers</b>	
<b>1. Participant's age: _____</b>	<input type="checkbox"/> Over 60 <input type="checkbox"/> Under 60
<b>2. Participant has a serious medical or health related condition?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>3. Participant has experienced a recent physical or economic hardship?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

# Referring Agency Information

**Referring Agency Liaison:** \_\_\_\_\_

**Interview Completed by:** \_\_\_\_\_

**Date of Interview:** \_\_\_\_\_

**Notes:**