



CLIENT INTAKE FORMS - Please return to WCMCA, 411 Industrial Park Blvd, Elbow Lake, MN 56531 - Please do not send any money with these forms

How did you hear about ReadyRide? _____

Your name (First, Middle, Last): _____

Your birthdate: _____ Your age now: _____

Are you on Medical Assistance (M.A.) with Prime West Insurance? If yes, please send a copy of the front and back of your Prime West card with these forms and write your PMI number here: _____

If you are not on Prime West insurance, then the incorporated Fee Schedule will apply.

How many people are in your household? _____ What is your **net** monthly income? _____

(Your net monthly income is the amount of money you receive each month **after** taxes.)

Do you use any mobility devices (walker, wheelchair, other)? _____

Please note – Volunteer drivers use their own vehicles. Therefore, we are currently unable to provide rides for those who are not ambulatory. In addition, to provide for rider continuity of care, if the rider is being picked up at a medical facility and has received general anesthesia, our volunteer driver cannot act as the “discharged to” party. A rider’s friend or family member may accompany the driver to pick up the rider and assume responsibility for them, as acceptable to policies and ordinances in force at the time of the ride.

Street Address (include any apartment number): _____ City: _____

State: _____ Zip Code: _____ Your phone number: _____

Your emergency contact information:

1) Name (First and Last/Relationship):

Address (include any apartment number):

Phone number:

2) Name (First and Last/Relationship):

Address (include any apartment number):

Phone number:

Doctor: _____ Phone Number: _____

If you’re not filling in this form, who is and what is their relationship to you?

Does this person have the legal right to answer questions and make decisions for you?

I certify that the information on this application is true and correct to the best of my knowledge:

Applicant Signature (or proof of powerof attorney)

07/26/22

Date

Fee Schedule (applies if you are not on Medical Assistance and do not have a Prime West insurance card.)

WCMCA's Older Adults Programs require an annual enrollment fee per program.

Transportation: \$25 | Door-through-Door Transportation: \$35

Door-through-Door Transportation: Drivers offer personal, hands-on assistance by helping passengers through the doors of their residences and destinations, as needed. This type of service includes several levels of assistance from opening doors and providing verbal guidance, to physical support. Persons with severe physical or mental disabilities typically use this service. Ready Ride may be up to 10 minutes early or late from the scheduled pick up time.

In addition, to help sustain these services and to comply with grant funders, individuals will be asked to share in the cost of the service, or a portion of the cost, based on ability to pay. These *cost sharing fees will be based on a self-proclaimed net income as well as household size.

Single Person Net income up to...

INCOME	COST PER MILE
Tier 1- \$12,060	\$.50/mile
Tier 2- \$15,075	\$1.00/mile
Tier 3- \$18,090	\$1.25/mile
Tier 4- \$21,105	\$1.60/mile
Tier 5- \$24,120	\$2.09/mile

Household of two; Net income up to...

INCOME	COST PER MILE
Tier 1- \$16,240	\$.50/mile
Tier 2- \$20,300	\$1.00/mile
Tier 3- \$24,360	\$1.25/mile
Tier 4- \$28,420	\$1.60/mile
Tier 5- \$32,480	\$2.09/mile

*Cost sharing fees are subject to change



RIDER CONDUCT

It is our mission to provide safe, comfortable, and enjoyable ride experiences to all our valued clients. You are the reason why we are here; it is our pleasure to serve you.

All riders are required to wear seat belts. Age-appropriate seat restraints are required for children.

To ensure a level of uniformity in behavior and to assist the program in maintaining its quality service, please read the following brief requirements. Then, sign where indicated. Your participation and cooperation are greatly appreciated.

- Avoid discussing controversial issues with your driver. Many people have very strong beliefs about:
 - Religious positions
 - Political matters
 - Racial issues
 - Social issues such as immigration, gender and sexual orientation, other countries of origin

NOTE: This list is not all-inclusive. As a reminder, we recommend keeping the conversation light and avoiding “hot-button” topics.

- Please call Ready Ride directly to request a ride (218-685-7433); don't call the driver.
- No rides are guaranteed. It is preferred that Riders request a ride by Monday at noon for the following week to be able to better assist the riders and volunteers.
- Use good judgment about eating or drinking in a driver's vehicle. Smoking and vaping are not permitted.
- When requesting a ride through Ready Ride, please notify us if you need to transport a pet with you. Some drivers might be allergic. Service animals are allowed all the time, but please notify Ready Ride if you will be accompanied by a service animal.
- If you are accompanied by a spouse, friend, or support person, we will note that on the ride information. If someone wants to accompany you but is not on the information sheet, simply explain that another person requires permission and callus.
- Ready Ride will supply you with a File of Life card. Please carry this card with you when you use the Ready Ride Service. In case of a medical emergency, we want to be prepared to help you, to the very best of our ability, in the event you experience a medical issue. Additionally, if your File of Life card changes, please update us immediately.

Thank you for reading and, by your signature, agreeing to this general code of conduct.

Your signature: _____

Date: _____

COVID-19 GUIDELINES

Follow all COVID-19 guidelines.

- Face coverings which cover your mouth and nose are required to be worn.
- Maintain 6 feet of physical distance from individuals who are not part of your party whenever possible, including boarding and disembarking
- Ride in the back seat
- Practice good hand hygiene. Sanitize hands before boarding, after touching high-touch surfaces, and after disembarking.
- If any of the situations below apply to you, we ask that you call us (218-685-7433) and notify us of your situation.
 - If you are feeling sick or
 - If you are waiting for the results of a COVID-19 test or
 - If you have tested positive for COVID-19 on or before the day of your ride or
 - If you have been in contact within the last 72 hours with a person who has COVID-19 or
 - If you've had COVID-19 and it's been less than 10 days since the onset of symptoms

NOTE: If any of the situations above apply to you, we ask that you please cancel or reschedule your ride if that is an option. If Ready Ride transportation is the only option for you to get to your appointment, we can keep your appointment as long as we have a volunteer driver able to take you. We ask that you take every precaution to maximize distance from other individuals and avoid contact with high touch surfaces as much as possible.

- Ready Ride holds the right to deny rides if riders do not follow this code of conduct.

Thank you for reading and, by your signature, agreeing to these guidelines.

Your signature: _____

Date: _____



WEST CENTRAL MINNESOTA
Communities Action

WEST CENTRAL MINNESOTA COMMUNITIES ACTION, INC.

411 Industrial Park Blvd, Elbow Lake, MN 56531

218-685-4486 or 1-800-492-4805

Fax: 218-685-6741 or 218-685-6189

AUTHORIZATION TO RELEASE INFORMATION

Name of Applicant

Date of Birth

I authorize the release of information about me to West Central MN Communities Action for the sole purpose of providing my transportation. I understand that this includes the driver that is assigned to providing my transportation. This information will be limited to what is necessary to transport me safely.

_____ *Initials please* *Verbal release given on* _____ *Staff initial* _____

I authorize the following entities to release and exchange information about me/us for the sole purpose of assisting me in accessing services that will allow me to be healthy, active and remain in my home. ***(Please check those that apply)***

Social Services

HRA

United Way

Experience Works

Attorney

Public Health

Parole Officer

The Salvation Army

Veterans Service Office

Landlord/Nursing Home/Assisted Living

Other: _____

Friend or Family Member (name): _____

I/we understand that the information will not be disclosed to other sources unless specifically authorized by law or written consent. I/we understand that I/we may refuse to release this information and the consequences of this refusal have been explained to me.

I/we understand that I/we may revoke this consent at any time (not retroactive) provided that I/ we submit this revocation in writing. Authorization will automatically expire one year from the date of the signature below.

Applicant Signature

Date



WEST CENTRAL MINNESOTA
Communities Action

DISCRIMINATION POLICY

West Central MN Communities Action, Inc. will not discriminate. Our services will not discriminate against persons based on:

- Race
- Color
- Creed
- Religion
- National origin
- Gender
- Marital status
- Status regarding public assistance
- Disability
- Sexual orientation
- Age

If you need some type of assistance or accommodation in order to fully use our services, please tell any staff member. If you believe West Central MN Communities Action, Inc. has discriminated against you, or if you believe we have not accommodated your need, you may file a complaint with:

Missy Becker-Cook, Chief Executive Director
West Central MN Communities Action, Inc.
411 Industrial Park Boulevard
Elbow Lake, MN 56531
1-218-685-4486 or 1-800-492-4805, Ext. 112

I have discussed West Central MN Communities Action, Inc.'s Discrimination Policy and have been given a copy of this policy for my records:

Signed: _____

Date: _____

MINNESOTA CAP60

NOTICE & CONSENT

We collect personal information about the people we serve and store this information in the CAP60 computer system.

Why?

- To determine your eligibility in our programs and suggest other programs (based on eligibility).
- So we can report the number of individuals our Agency has served and continue to receive funding for those services.
- So we can determine the services needed by individuals in our communities.

Your Rights

- You have the right to see and obtain copies of the data maintained on you. (Unless we cannot give it because of certain legal proceedings.)
- You have the right to be told the contents and meaning of the data.
- You have the right to challenge the accuracy and completeness of the data.

To exercise these rights, contact, (in writing):

West Central MN Communities Action
Attn: Missy Becker-Cook, Chief Executive Director
411 Industrial Park Blvd
Elbow Lake, MN 56531

For: _____
Print: First and Last Name Date of birth

My signature shows that I understand the language in this document above, that I agree with these terms, and that I permit WCMCA to enter my personal information into the CAP60 computer system.

SIGNATURE OF CLIENT OR GUARDIAN

DATE

YOUR PRIVACY RIGHTS: THE TENNESSEN WARNING

This sheet tells you about your rights under the Minnesota Government Data Practices Act. This act protects your privacy but also lets us give information about you to others if a law requires it and we tell you before we do it. This sheet tells why and when we will ask for and give information about you.

Why do we ask for this information?

We may ask you for information so we can:

- Tell you from other persons who have the same name or a similar name
- Decide if you are eligible to receive services from West Central MN Communities Action
- Assist you in getting medical, mental health, financial or social services from outside agencies
- Make reports, do research, audits and evaluate our programs
- Advocate for additional services as determined by your needs

Do you have to answer the questions we ask?

Generally, the law does not say you have to give us information. However, without some of the information requested, we may not be able to find the appropriate help for you. Giving us incorrect information or not providing complete information may delay or eliminate some services you would be eligible to receive.

With whom may we share the information we are requesting?

The following are examples of agencies or organizations we may need to share information with on your behalf and are not intended to provide a complete list. This does not mean we always share information about you with these people.

- Social services
- Mental health centers
- Child support workers
- Medical facilities
- Minnesota Department of Economic Security
- Minnesota Housing
- Minnesota Department of Human Services
- Minnesota Office of Economic Opportunity
- Housing and Urban Development
- Community Food Shelves
- Higher education facilities
- Court Officials
- Anyone else the law says we must provide information to

You have the right to copies of information about you:

You may ask if we have any information about you. If we have information about you, you may ask for copies. You may have to pay for these copies. You may give other people permission in writing to see and have copies of private data about you. If you have any questions about the information, you may ask to have it explained to you.

How do you appeal if you think information is not accurate or complete?

Your objection must be in writing and must be sent to:

Missy Becker-Cook, Chief Executive Director
West Central MN Communities Action, Inc.
411 Industrial Park Boulevard
Elbow Lake, MN 56531

You may send your own explanation of the facts you disagree with. Your explanation will be attached any time that information is shared with another agency. For more information on how to do this, ask a staff member.

If you have any questions about the information on this form, ask a staff member.

I understand my rights and have been given a copy for my records,

Client Signature: _____ Verbal Consent from Client Received by: _____

Date: _____ Staff Signature: _____ Date: _____

Copy of signed form sent to client

DEMOGRAPHIC INFORMATION - WHY DO WE ASK THIS?

As explained in the Tennessee Warning and the MN CAP60 consent pages, the two pages prior to this page, we use this information to determine if you might be eligible for other services.

You are not required to answer these questions to receive eligible services from us.

Are you a veteran of the United States Armed Forces? Circle one: Yes No

1. Ethnicity

Are you Hispanic, Latino/a, or Spanish origin? (One or more categories may be selected)

- Mexican
- Mexican American
- Chicano/a
- Puerto Rican
- Cuban
- Unknown
- Another Hispanic, Latino/a, or Spanish Origin **(Please Choose from the list in Table One)**
- Not of Hispanic, Latino/a, or Spanish origin

Other Ethnicity Table

Table One: Other Hispanic, Latino/a, or Spanish Origin		
Spaniard	La Raza	South American
Andalusian	Mexican American Indian	Argentinean
Asturian	Central American	Bolivian
Castillian	Costa Rican	Chilean
Catalonian	Guatemalan	Colombian
Belearic Islander	Honduran	Ecuadorian
Gallego	Nicaraguan	Paraguayan
Valencian	Panamanian	Peruvian
Canarian	Salvadoran	Uruguayan
Spanish Basque	Central American Indian	Venezuelan
	Canal Zone	South American Indian
		Criollo
		Latin American
		Dominican

2. Race

What is your race? (One or more categories may be selected)

- | | |
|--|---|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="radio"/> Other |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Other Pacific Islander (Please choose from the List in Table Three) |
| <input type="checkbox"/> Korean | |
| <input type="checkbox"/> Vietnamese | |
| <input type="checkbox"/> Other Asian (Please choose From the List in Table Two) | |
-

Other Race Tables

Table Two: Other Asian	
Bangladeshi	Okinawan
Bhutanese	Pakistani
Burmese	Sri Lankan
Cambodian	Thai
Taiwanese	Iwojiman
Hmong	Maldivian
Indonesian	Nepalese
Loalio	Singaporean
Malaysian	Madaqascar

Table Three: Other Pacific Islander		
Polynesian	Micronesian	Melanesian
Tahitian	Mariana Islander	Fijian
Tongan	Saipanese	Papua New Guinean
Tokelauan	Palauan	Solomon Islander
Guamanian	Carolinian	New Hebrides
	Kosraean	Other Pacific Islander
	Kiribati	
	Pohnpeian	
	Chuukese	
	Yapese	
	Marchallese	
	Kiribati	
	Other Micronesian	

Rider Signature

I hereby certify that I have received and read the Ready Ride Rider Packet. I recognize and understand that I am to comply with these policies and regulations.

Right to Refuse: Failure to follow these procedures may result in loss of eligibility to be a rider with this program. The Transportation Department reserves the right to discontinue service if any of these policies are not followed or the safety and security of the driver or rider is in question.

Signature of Rider

Date