

# Transportation Assessment Form

Welcome! Please tell us a bit about yourself so we can offer services that best meet your needs. All your personal information is confidential. Please see the attached FAQs for more information.

## Registration and Eligibility Section - Must Be Completed Prior to Service

First Name: \_\_\_\_\_ Middle Name (if applicable): \_\_\_\_\_

Last Name: \_\_\_\_\_ Nickname (if applicable): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ WHEELCHAIR

Only individuals aged 60 and older are eligible.

YES \_\_\_\_\_

## Contact Information Section

NO \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Home Address Line 1: \_\_\_\_\_

Home Address Line 2 (Apt/Unit/Floor): \_\_\_\_\_

County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing address is the same as home address

Mailing Address Line 1: \_\_\_\_\_

Mailing Address Line 2 (Apt/Unit/Floor): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Demographics Section - Used for Anonymous Reporting to Our Funders

- Gender (select all that apply):  Male  Female  Non-binary/Third gender  Transgender  
 Another gender not listed: \_\_\_\_\_  Refuse to answer question
- Ethnicity:  Hispanic or Latino/a/e  Not Hispanic or Latino/a/e  Refuse to answer question
- Racial Identity (select all that apply):  
 American Indian or Alaska Native  Asian or Asian American  Black or African American  
 Middle Eastern or North African  Native Hawaiian or Pacific Islander  White  
 Another identity not listed: \_\_\_\_\_  Refuse to answer question
- Do you live alone or with others?  Alone  With others  Refuse to answer question
- Is your income above or at/below the amount listed for your household size in the table:  
 Above  At/below  Refuse to answer question

## Income Levels Table

Household Size	Monthly Income	Annual Income
1	\$1,304	\$15,650
2	\$1,763	\$21,150

Use the table to determine if your income is above or at/below the monthly or annual income listed for your household size. For each additional person, add \$5,500 to annual income.

## Communication Section

What is your primary language?: \_\_\_\_\_

## Service Access and Support Section

- Health Insurance (select all that apply):
  - Medicare  Medicare Advantage  Medicaid  Medicaid Waiver(s)  VA  Private
  - None  Other insurance: \_\_\_\_\_  Refuse to answer question
- Can you access this service through another benefit or program? For example, through Medicaid, Medicare, or VA benefits?  Yes  No  Refuse to answer question  I don't know
- Do you have reliable outside support for transportation (for example, from family, friends, or a caregiver)?  Yes  No  Refuse to answer question
- Are you homebound? Select "Yes" if any of the following statements are true for you:
  - You need the help of another person to leave your home, or
  - You have a health condition or disability that makes it difficult to leave your home on a regular basis, or
  - You are only able to leave your home infrequently and for short periods of time Yes  No  Refuse to answer question
- Are you isolated from community resources? Examples of community resources include stores, banks, health services, and senior center activities. Select "Yes" if any of the following statements are true for you:
  - You live in a remote area, or
  - You have a health condition or disability that makes it difficult for you to access community resources, or
  - You have financial or technology challenges that make it difficult for you to access community resources, or
  - You cannot drive or use public transportation, or
  - You do not feel welcome in your community due to cultural or language barriers Yes  No  Refuse to answer question

## Emergency Contact Section

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_  Refuse to provide contact

## Disclosures and Waivers

I have been informed of the policies regarding voluntary contributions, complaint procedures and appeal rights. I am aware that in order to receive requested services, it may be necessary to share information with other departments or service providers and I give my consent to do so.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If filled out by someone other than the client (for example a caregiver or assessor, please check here  and sign below)

Filled out by: \_\_\_\_\_

Date: \_\_\_\_\_

## Client Information and FAQs Sheet

Please keep this information for your records.

### Provider and Area Agency on Aging Information:

Your Service Provider: Senior Resource Development Agency (SRDA)

Your local Area Agency on Aging: Pueblo Area Agency on Aging

### What is an Area Agency on Aging?

The Area Agency on Aging (AAA) is a regional organization that is designated by the state to use federal, state, and local funding to meet the needs of older adults in their community. The AAA provides services to older adults and caregivers directly and through partnerships with community provider agencies. AAAs also advocate for older adults.

### Service Information

The service you are requesting is funded through the Older Americans Act (OAA) and/or Older Coloradans Act (OCA) funding. This federal and state funding helps older adults, 60+, remain in their homes and communities of choice. We are required to prioritize services for eligible individuals with greatest economic and social needs. Requests for services are processed as funds allow. We can provide you with referrals to other resources in your area, but we will not reach out to them without your permission.

### What is the purpose of the client assessment?

We ask you to provide information so that we can:

- Offer services that best meet your needs
- Prove that our taxpayer-funded programs only serve eligible individuals
- Prove that we serve older adults and caregivers most in need of services
- Understand the needs of older adults in our community
- Show the need for funding our programs
- Meet reporting requirements from our funders

We do not use income information to determine your eligibility for services. Income and other demographic information (e.g. gender, race, ethnicity) are collected for anonymous demographic reporting purposes. No personal information, such as your name or date of birth is disclosed in reporting.

## What happens with the information from my client assessment?

We enter your information into a secure state database. As you receive services, we record the services you receive in the database. This helps us prove how we spent our funding. The database is secured to the standards outlined in the Health Insurance Portability and Accountability Act (HIPAA) and Health Information Technology for Economic and Clinical Health Act (HITECH). Only authorized staff have access to the database. This means your data remains safe and confidential.

## Will you sell my information?

No. We will never sell your information.

## How do I provide feedback?

We love hearing how we can improve. Contact your service provider or your local Area Agency on Aging at 719-583-6120 or Jennifer.Novak@pueblocounty.us. Because we value your input, we may at times send you a survey to ask for your feedback.

## How do I file a complaint, grievance, or appeal?

You have the right to file a complaint or grievance with your service provider. If you are not satisfied with the provider's decision, you can appeal the decision to your local Area Agency on Aging (AAA), and/or the State Unit on Aging (SUA). The complete Complaint/Grievance/Appeal Procedures are available upon request by contacting your local AAA and/or the SUA as follows:

Pueblo Area Agency on Aging

320 W 10<sup>th</sup> St, Pueblo CO 81003

719-583-6318

Dina.Godinez@pueblocounty.us

Colorado Department of Human Services, State Unit on Aging

1575 Sherman Street, 3rd Floor, Denver, CO 80203

303-866-2800

## Colorado Anti-Discrimination Act

Individuals have the right to equal opportunity and access to services. Individuals cannot be excluded from participating because of disability, race, creed, color, sex, sexual orientation, gender identity, gender expression, marital status, national origin, or ancestry. Complaints related to discrimination may be filed at:

Colorado Civil Rights Division, 1560 Broadway, Suite 110, Denver, CO 80202

Phone: 1-800-262-4845 | 711 TTD - Relay | Email: DORA\_CCRD@STATE.CO.US

## Accessibility

If you need to request reasonable modifications or accommodations to access this document's content, please contact us at 719-583-6120.

## Can I make a donation?

We accept voluntary contributions to contribute towards the cost of services and to support older adult programs. Every dollar we receive goes back into the programs and services. Donations are voluntary and are not required to receive services.

You can send donations to SRDA, Attn: Controller, 230 N Union Ave, Pueblo CO, 81003.

## How can I help?

We couldn't meet the needs of older adults in our communities without the amazing help from volunteers. To learn more about volunteering with older adults in Colorado, please visit <https://cdhs.colorado.gov/volunteer>. You can also reach out to your service provider or your local AAA to find out how you can help make a difference in your community.

## What other resources are available?

Reach out to your AAA to get more information about the services available in your region.

Pueblo Area Agency on Aging, 719-583-6120 or [Jennifer.Novak@pueblounty.us](mailto:Jennifer.Novak@pueblounty.us)

You can also call the statewide Aging and Disability Resources for Colorado (ADRC) for information about resources in your area: 1-844-COL-ADRC / 1-844-265-2372

You can get nutrition education through your phone. Text2LiveHealthy, is a free text messaging program that will send you 2-3 messages per week with easy low-cost ideas to eat healthy, stay active and be independent. You'll also get information about local health-related events. To sign up, scan the QR code with your phone's camera or text FRUIT to 97699.



Message & Data Rates May Apply. Text HELP for information. Text STOP to 97699 to opt out. No purchase necessary. For Privacy Policy and Terms and Conditions, visit: <https://coloradosph.cuanschutz.edu/text2livehealthy>