



Wheels-to-Wellness

A non-emergency medical transportation assistance program

Minor Application

PART I to be completed by applicants and/or responsible party.

PART II to be completed and signed by a medical certifier, if applying on the basis of a disability.

An enrollment fee of \$15.00 is due upon enrollment.

Mail completed form to the Potomac and Rappahannock Transportation Commission (PRTC) or faxed to (703) 583-1702. Incomplete forms may cause processing delays.

PART I

Name of Minor _____

Address _____

City _____ Zip Code _____

Proof of residence must accompany this application. Please refer to page 4 for acceptable documents.

Telephone: Day (____) _____ Evening (____) _____

Male _____ Female _____ Date of Birth _____

Social Security number (last four numbers only): XXX-XX-__ __ __ __

Name of Parent/Guardian _____

Address _____

City _____ Zip Code _____

Telephone: Day (____) _____ Evening (____) _____

Social Security number (last four numbers only): XXX-XX-__ __ __ __

Relationship to applicant _____

Proof of relationship must accompany this application. Refer to the list below for acceptable documents.

Proof of Relationship to Minor Applicant

A parent/guardian can prove the relationship to the applicant with one of the following documents.

- The minor's certified US birth certificate with the parents' name
- A certified foreign birth certificate with the parents' names (translated, if necessary)
- A Consular Report of Birth (Form FS-240) with the parents' name
- A Certification of Report of Birth (Form DS-1350) with the parents' name
- An adoption decree (translated, if necessary)
- A Court Order establishing custody
- A Court Order establishing guardianship

If the parents' or guardians' names have changed since the issuance of one of the above-mentioned documents, proof of those legal name changes must be submitted.



Part I

Applicant Name: _____

Proof of parental/guardianship identity must accompany this application. Refer to the list below for acceptable documents.

- A valid driver's license
- A valid government ID card
- A valid US military ID card
- A valid US or Foreign Passport with a recognizable photo
- His/Her naturalization or citizenship certificate from USCIS with a recognizable photo
- His/Her alien resident card from USCIS

How to Qualify for the Wheels-to-Wellness Program:

- ❖ Applicants can **NOT** be eligible for non-emergency Medicaid transportation through the Virginia Department of Medical Assistance Services.
- ❖ Applicants **MUST** live in a low-income household. *Combined household income of not more than 1.9 times the federal poverty level. Verification required. See page 4 for information.* And,

I am 80 years or older. (*Attach a photocopy of a government-issued photo ID showing date of birth*); or

I have a disability as defined by the Americans with Disabilities Act. (*Must have a certifier complete Part II*)

Transportation Accommodations I Require:

- Wheelchair Walker Service Animal (If other than dog, specify _____)
- Companion Other, please explain: _____

I, _____ (print) _____ (signature)

do hereby certify that the information provided herein is true and accurate to the best of my knowledge. I understand application and eligibility criteria are subject to review and verification, and misrepresentation of any information may result in suspension or termination of program enrollment and transportation assistance. I also understand that I may be required to reimburse the Wheels-to-Wellness program for any monies afforded me as a result of providing inaccurate information or through the misuse of the electronic purchasing card issued to me under the program rules. I understand random, periodic eligibility checks of participants enrolled in Wheels-to-Wellness may be conducted. I understand I may be contacted to ask if the service being provided through the program is satisfactory.

Part II

Applicant Name: _____

To be completed by a physician or any one of the following state or nationally certified professionals: Physical Therapist, Occupational Therapist, Rehabilitation Counselor, Registered Nurse, or Social Worker.

Eligibility Criteria: Please check the eligibility criterion that pertains to the applicant.

Is required to use a wheelchair

Has an impairment that prohibits standing alone for ten (10) minutes or more and requires the use of a crutch, cane, brace, walker, or other assistance.

Cannot climb a flight of three (3) steps with an eight (8) inch rise, and cannot walk one hundred yards on a level surface of grade without pause.

Is legally blind. The definition of legal blindness is “central visual acuity of 20/200 or less in both eyes with best correction or visual field restriction of 20 degrees or less.

Has a diagnosis of a developmental or an intellectual disability, head injury, Alzheimer’s Disease or a related disorder, and has a cognitive impairment (inability to follow verbal, written, or pictorial directions) which causes disorientation, confusion, or demonstrates problematic stimulation when in an environment associated with crowds and / or noise.

Deaf or hearing impaired. (This guideline **must** be certified by either a licensed audiologist or a licensed otolaryngologist who is relying upon an audiogram for diagnosis): An individual whose hearing loss is 70 dba or greater in the 500, 1000, 2000 KHz ranges in both ears, regardless of the use of hearing aids.

Is the disability permanent? _____ Is the disability temporary? _____

If temporary, for how long (in months)? _____

Do any of the following pertain to the applicant?

	Yes	No
1. Has a medical condition that prevents him/her from using a seat belt.	_____	_____
2. Must travel with an escort or companion. (If “Yes”, applicant will be required to travel with an escort at all times.)	_____	_____
3. Requires the assistance of a service animal in order to travel.	_____	_____

This information reflects my professional judgment that the applicant is eligible according to the criteria established here.

Certifier’s Name: _____

Profession: _____

Address: _____

Telephone Number: _____ Registry/State Certification Number: _____

Certifier’s Signature: _____ Date: _____

Staff Use Only

Authorized by: _____ Date: _____

Wheels-to-Wellness ID Number: _____





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Proof of Residency:

To provide proof of residency, the document must show your name and the address of your current residence as it appears on this application. You must give a street address. A post office box or business address is not acceptable.

Homeless individuals may be able to substitute proof of residency for proof of services received if they are receiving assistance from a social service agency or a non-profit organization at a facility in the Greater Prince William area.

Examples of acceptable documents are:

- Utility bill, not more than two months old, issued to applicant (examples include gas, electric, sewer, water, cable or phone bill). Cellular phone and pager bills are not accepted
- Payroll check stub issued by an employer within the last two months
- U.S. Internal Revenue Service tax reporting W-2 form or 1099 form (not more than 18 months old)
- U.S. or Virginia income tax return from the previous year
- Original monthly bank statement not more than two months old issued by a bank
- Annual Social Security Statement for the current or preceding calendar year
- Current automobile or life insurance bill (cards or policies are not accepted)
- Certified copy of school records/transcript from a school in which applicant is currently enrolled, issued by a school accredited by a U.S. state, jurisdiction or territory OR a Virginia Department of Education state, jurisdiction or territory OR a Virginia Department of Education Certificate of Enrollment form (a report card is not accepted)
- Virginia Voter Registration Card
- Virginia driver's license, learner's permit or DMV photo ID card displaying the applicant's current Virginia address
- School Certificate of Enrollment form (a report card is not accepted)
- Current homeowners insurance policy or bill
- Cancelled check (not more than two months old) with both name and address imprinted
- Deed, mortgage, monthly mortgage statement or residential rental/lease agreement
- U.S. Postal Service change of address confirmation form or postmarked U.S. mail with forwarding address label



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The Federal Poverty Guidelines

How the Census Bureau Measures Poverty

Following the Office of Management and Budget's (OMB) Statistical Policy Directive 14, the Census Bureau uses a set of money income thresholds that vary by family size and composition to determine who is in poverty. If a family's total income is less than the family's threshold, then that family and every individual in it is considered in poverty. The official poverty thresholds do not vary geographically, but they are updated for inflation using Consumer Price Index (CPI-U). The official poverty definition uses money income before taxes and does not include capital gains or noncash benefits (such as public housing, Medicaid, and food stamps).

Source: U. S. Census Bureau, *Small Area Income & Poverty Estimates for states and counties*; updated every year. <http://www.census.gov/did/www/saipe/>.

The Definition of Household Income

Household income is the sum of money income received in the calendar year by all household members 15 years old and over, including household members not related to the householder, people living alone, and other nonfamily household members. Included in the total are amounts reported separately for wage or salary income; net self-employment income; interest, dividends, or net rental or royalty income or income from estates and trusts; Social Security or Railroad Retirement income; Supplemental Security Income (SSI); public assistance or welfare payments; retirement, survivor, or disability pensions; and all other income.

The household income limits appearing in the table below are 1.9 times the 2016 Census Bureau definitions of poverty. The limits shown in the table are the limits that will be used to qualify residents for the **Wheels-to-Wellness** program on the basis of low income households.

2018 INCOME MAXIMUMS FOR DETERMINING LOW INCOME HOUSEHOLDS ELIBILITY FOR THE Wheels-to-Wellness PROGRAM	
Persons in family/household	Income guideline
For families/households with more than 8 persons, add \$8,208 for each additional person.	
1	\$23,066
2	\$31,274
3	\$39,482
4	\$47,690
5	\$55,898
6	\$64,106
7	\$72,314
8	\$80,522