NAME: ______________________

RETAIN FOR YOUR RECORDS

ID #: ______________________

RETAIN FOR YOUR RECORDS

**7101 WYOMING STREET, WESTMINSTER, CA 92683**
**CENTRAL PHONE #: (714) 891-9500 or NORTH PHONE #: (714) 702-1433**
**TRANSPORTATION TEAM: a.snemt@abrazarinc.com FAX: (714) 893-4819**

# ABRAZAR SNEMT-CENTRAL INSTRUCTIONS & GUIDELINES - (714) 891-9500 OR (714) 702-1433

Welcome to Abrazar (means to EMBRACE)! Your application for our Senior Non-emergency Medical Transportation (SNEMT) program will be reviewed and you can start requesting trips to and from your medical appointments **once you have received your ID#**. We look forward to assisting you with your medical transportation needs. Please communicate regularly with your coordinators to improve and enhance the program and service.

## SCHEDULING APPOINTMENTS:

1. Always have your **ID#** ready when calling to schedule an appointment.
2. Rides must be scheduled a **minimum of 5 business days in advance**. This **does not guarantee the trip will be available**.
3. Call to schedule your appointment as soon as possible.
4. Please call your coordinators with any changes to your profile (address, phone, emergency contact, schedule, medical condition, equipment used, etc.) or for any special requirements.
5. Abrazar is not currently at capacity. If we are, we are required to prioritize trips.
6. **Scheduling Tips: (1) Call 10 business days in advance. (2) Schedule appointment on Tuesday or Thursday (3) Schedule all trips between 10:00 am to 3:00 pm. We understand that it is not always possible to do this but the likelihood of a trip being available is very high when following these tips.**

## PICK UP TIME – There is a 30-minute window for your pick up time.

1. Your scheduled pick up time **will always have a 30-minute window**.
2. Please schedule and discuss your pick up time accordingly with your coordinator.

## MILEAGE LIMIT - The program has the following mileage restrictions:

1. 15 miles within Orange County and 10 miles outside of Orange County.

## TRIP TYPE AND LIMIT - The program has the following trip type and limit policy:

1. All trips are **REQUIRED** to be medically related.
2. Verification of the type of appointment will be required for non-traditional medical addresses. Regular exercise or balance classes are not eligible unless an eligible doctor's note is provided.
3. 16 one-way trips are allowable per month. Exceptions authorized based on treatment.

## CLIENT CANCELLATIONS AND NO SHOWS

1. Please cancel 24 hours in advance of your scheduled trip.
2. **No Shows:** All cancellations that are less than 2 hours before your scheduled trip are considered a No Show. Please call ahead of time to cancel your trip. All No Shows are tracked and after **3 No Shows service may be suspended or cancelled.**

## TRIP FEE - The program has the following $2.00 per trip fee policy:

1. Abrazar is required to collect a $2.00 fee per trip. If you do not provide the $2.00 fee for your trip, Abrazar is still required to pay the $2.00 fee. This limits the amount of trips we can provide each year. We respectfully request that you assist in supporting the program and provide the $2.00 fee for each trip taken.

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## ADDITIONAL INSTRUCTIONS & CLIENT GUIDELINES:

1. Personal care attendants may ride free of charge.
2. Special accommodations available for medical equipment, personal care attendants, service dogs. Note requests on application.
3. If you have a problem with your transportation services please call the Transportation Coordinator to report the problem. We believe all matters should be able to be handles through respectful communication. If an issue remains unresolved, you can follow the grievance procedures outlined in the Abrazar SNEMT Client Service Form.
4. For questions or concerns regarding eligibility or exceptions for service, please call the Transportation Coordinator.
5. SNEMT Transportation will not be able to respond to emergency calls. **Please call 911 in the event of an emergency. We do not provide emergency transport to the emergency room.**
6. Please be ready to board promptly at your scheduled time and please follow driver instructions when boarding or exiting the vehicle.
7. Smoking is not permitted in the vehicle.
8. The transporting of alcohol is not permitted in the vehicle.
9. All transportation services must originate within the Orange County designated service area.
10. In order for the SNEMT Program to transport your wheelchair, it must be able to be secured, have brakes in working condition and weigh 600 pounds or less.
11. If you need to go to the same place each week on a routine basis, please inform the dispatcher and we can set up an ongoing schedule for your rides.

## CLIENT TERMINATION OR SUSPENSION POLICY:

We do not take the suspension or termination of services lightly. Abrazar will try to communicate with you prior to suspension or termination of services. **Client termination or suspension from the program is at the sole discretion of Abrazar and may be necessary should any of the following situations occur:**

1. Abuse of the No-Show policy (3 no-shows within a 30-day period) or continued No-Shows.
2. Utilizing SNEMT for purposes other than medically related.
3. Not treating Abrazar's staff and others with dignity, respect, fairness, and friendliness.
4. Not respecting or damaging Abrazar's property.
5. Conducting yourself in a manner that is dangerous or disruptive to the coordinators or drivers.
6. Your condition does not allow for your safe transport. Examples include: (1) You refuses to use a mobility device that is needed (2) You require a gurney (3) Your equipment is not in operable conditions (w/c without brakes or footrests, walkers in poor condition, etc…).

Clients who do not follow the above responsibilities may be immediately suspended or completely lose the privilege of the SNEMT service. Clients will be notified verbally and by mail if service has been suspended or terminated. If you disagree with the suspension or termination of service, you may follow the procedures in the Abrazar SNEMT Client Service Form.

**1. RETURN - REQUIRED**

CENTRAL: ______
NORTH: ______

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## ABRAZAR SNEMT PROGRAM APPLICATION

**PLEASE SIGN AND DATE ALL FORMS PRIOR TO SUBMITTING. INCOMPLETE APPLICATIONS WILL BE RETURNED.**

Last Name:______________________First Name:________________Date:__________

Date of Birth:____________________**Age (60):**________Male:_____Female:________

Address:_______________________________________Apartment/Unit #:__________

City:___________________________________________Zip Code:______________

Home Phone: (   ) _________________________Cell (2nd Phone #): (   ) __________

1. Have you ever applied for OCTA ACCESS? ☐Yes ☐No
   If yes, were you issued an ID #, if Yes please list?_________________ ☐Yes ☐No
   If yes, are you able to utilize **OCTA ACCESS?** ☐Yes ☐No

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?
   Please check all that apply: ☐Yes ☐No
   Cane__Walker__Wheelchair__Scooter__Oxygen__Other (Service Animal, etc.)____
   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: ___________________________________
   ____________________________________________________________________

**2. RETURN - REQUIRED**

**CENTRAL:** ______
**NORTH:** ______

6. Please list your primary doctor(s) Name: ______________________________
   Doctor Phone: (____) ________________ Note: ______________________

7. How often do you anticipate needing to use the transportation service?
   Daily______Weekly_____Monthly___Other (note)______________________

8. EMERGENCY CONTACT (1): ______________________RELATIONSHIP: ____________
   PHONE: (____) __________________

   EMERGENCY CONTACT (2): ______________________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

**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________________________________________________

**Annual Income per individual (MANDATORY):** ___________________________

☐Financial Hardship Waiver Requested

**My signature verifies all information in this application to be true.**

______________________________________________________________
**Applicant signature** **Date**

**PROGRAM USE ONLY**

- Referrals to alternative transportation provided:______________________
- Exceptions (temporary, unrestrictive etc.): ___________________________
- Reason referred to OoA I&A: ______________________________________
- Need for follow-up contact:_______________________________________
- Annual Income: ☐At or below 150% FPG ☐Above 150%FPG ☐Financial Hardship Waiver

3. RETURN - REQUIRED

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## ABRAZAR SNEMT PROGRAM WAIVER

PLEASE SIGN AND DATE ALL FORMS PRIOR TO SUBMITTING.
INCOMPLETE APPLICATIONS WILL BE RETURNED.

I hereby acknowledge that the transportation is a service provided by ABRAZAR and funded by the County of Orange, Office on Aging. I hereby waive the right to make any claims against ABRAZAR and the County of Orange, Office on Aging or their officials, employees and volunteers, for any injuries, damages, charges or expenses, including attorney's fees, which might be sustained as a result of my participation in the SNEMT Program. I also acknowledge that ABRAZAR reserves the right to refuse transportation service.

**PLEASE PRINT**:

**Name:** ________________________________________ **Date:** ___________________________

**Client signature:** ______________________________________________________________

**Caregiver signature (*if applicable*):** _________________________________________________

Please return these forms to the Transportation Coordinator Department. Signed and Completed Enrollment Packages can be returned as follows:

1. You can mail or drop off your application in the enclosed envelope.
2. You can also fax them in to (714) 893-4819
3. Scan and email a signed enrollment package to a.snemt@abrazarinc.com
4. Enrollment assistance can be provided by phone.

Services can be scheduled after all forms have been **submitted and approved and you have received your ID#.**

Confirmation of approval will be made by phone within five business days after receipt of completed forms and you will be provided with your ID#.