



## Senior MedExpress Program

Essential Non-Emergency Medical Transportation for DC Seniors

250 E Street SW, Washington, DC 20024

Phone: 202-724-5626 | Fax: (202) 724-2008

E-mail: ask.adrc@dc.gov

### APPLICATION FORM

Senior MedExpress is a non-emergency transportation assistance program funded by the Department of Aging and Community Living (DACL) and operated by the Yellow Cab Company. It provides non-emergency transportation services for eligible DC seniors 60 years and older who have a certified medical condition requiring essential life-sustaining appointments, such as chemotherapy or dialysis treatment or have an appointment for health-related public benefits at the Department on Disability Services (DDS), Medicaid (Department of Human Services, Economic Security Administration) or Supplemental Nutrition Assistance Program (SNAP). Applicants must prove age, District residency, and medical necessity to access this service. Applicants wishing to enroll only for transportation to public benefits do not need to prove medical necessity. Current Medicaid clients do not need to enroll in this program; they may call MTM directly to schedule a ride 1-866-796-0601.

The following information will determine your program eligibility. **To apply for this program, you must complete all fields on both sides of this application. You must also provide all required documentation by mail, in-person drop off, fax, or e-mail.** Each applicant must fill out a separate application. PLEASE PRINT.

### APPLICANT INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

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

Date of Birth: \_\_\_\_\_

Male Female Prefer Not to Say Prefer to Self-Describe:  
   \_\_\_\_\_

## REQUIRED DOCUMENTS FOR PROGRAM ELIGIBILITY

- 1. PROOF OF DC RESIDENCY AND AGE:** Proof of age and DC residency is required from all new applicants. The documents provided must be current, include the applicant's name and the address the client is claiming as his/her residence. **Please provide a photocopy of one document showing both your Date of Birth (DOB) and address from the lists below.** You can also submit photocopies of at least two documents verifying age and District residency separately.

### Age

- Current DC issued Identification Card or Driver's License
- Birth Certificate
- Social Security letter stating date of birth on file
- Permanent Resident Card or Passport
- Any other government issued identification stating age

### Residency

- A valid DC driver's license or non-driver's ID card
- A valid lease, rental agreement, rent receipt, deed, settlement papers, or mortgage statement for a residence in the District
- A valid homeowner's or renter's insurance policy for a residence in the District
- A DC Property Tax bill for a DC residence issued in the last 60 days
- A utility bill (water, gas, electric, cable, or landline telephone) issued in the last 60 days
- A pay stub showing a DC address and DC withholding taxes issued in the last 30 days
- A DC voter registration card

- 2. HEALTHCARE PROVIDER CERTIFICATION FORM:** Applicants must submit the *HealthCare Provider Certification Form*, which is to be completed by his or her treating physician or authorized medical personnel in its entirety. Applicants wishing to only enroll for transportation to public benefits do not need to provide this form.

**Clients must submit this completed application form along with all supporting documentation to 250 E Street SW, Washington, DC 20024, Fax: 202-724-2008, or E-mail: ask.adrc@dc.gov.**

### Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. The information I have provided is confidential and is to be used only to determine my eligibility to participate in the Senior MedExpress Program. Providing false information is grounds for expulsion from the program and subject to repayment of benefits received.

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

*For questions or more information contact DACL at 202-724-5626, Monday through Friday, 8:30 a.m. to 4:30 p.m.*