



### For Ride Reservations:

**PHONE: 860-848-5910 x2**  
**FAX: 860-848-5917**

When calling to request a ride, be ready to provide:

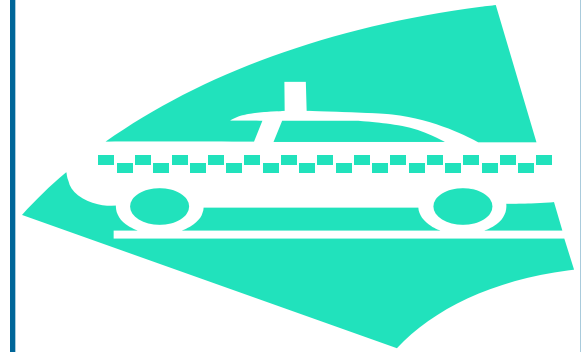
- Physician's name,
- Complete address of your destination,
- your appointment time, and
- your return trip pick up time.

Reservation requests will be taken  
from 8:30 am to 4:00 pm  
Monday – Friday

Please be ready at your scheduled  
pick up time.

**Cancellations** must be made **2 hours prior** to the scheduled pickup time by calling Monday through Friday between 8:30 am and 4:00 pm. Improper notification of a cancellation will result in a charge of a one way trip and may result in suspension of service.

Visit ECTC's website [www.ectcinc.org](http://www.ectcinc.org) for information on other transportation services such as the travel voucher program as well as other transportation options in Southeastern CT.



2021-2022

Caregiver Mileage  
Reimbursement  
and  
Dial-A-Ride  
Medical  
Transportation

For Individuals in  
Bozrah, East Lyme, Griswold,  
Groton, Ledyard, Lisbon,  
New London,  
N. Stonington, Preston, **Salem**,  
Stonington, and Waterford  
who are  
60 years of age and older  
and/or with disabilities.

# Medical Transportation for Individuals who are Seniors or who have Disabilities

## MEDICAL TRANSPORTATION FOR SENIOR OR DISABLED INDIVIDUALS

The Caregiver Mileage Reimbursement and Medical Transportation program is for adults 60+ and persons with disabilities who are unable to drive and need transportation to a medical appointment that is occurring outside of the hours or area that the town funded transportation services operates.

This program is provided through the Eastern Connecticut Transportation Consortium, Inc. ECTC is a private, non-profit agency that brokers and provides transit services. This program is only available to qualifying residents of the following towns:

<b>Bozrah Senior Services</b>	<b>860-917-5672</b>
<b>East Lyme Senior Center</b>	<b>860-739-5859</b>
<b>Griswold Senior Center</b>	<b>860-376-2604</b>
<b>Groton Senior Center</b>	<b>860-441-6785</b>
<b>Ledyard Senior Center</b>	<b>860-464-0478</b>
<b>Lisbon Senior Center</b>	<b>860-376-2329</b>
<b>New London Senior Center</b>	<b>860-447-5232</b>
<b>N. Stonington Senior Center</b>	<b>860-535-8188</b>
<b>Preston Senior Center</b>	<b>860-887-5581</b> <b>x104</b>
<b>Salem Municipal Agent</b>	<b>860-859-3873</b> <b>x125</b>
<b>Stonington Human Services</b>	<b>860-535-5015</b>
<b>Waterford Senior Services</b>	<b>860-444-5839</b>

## HOW TO ACCESS THIS SERVICE

Call or visit the Town Representative at the number listed above to request an Eligibility Form.

This service is funded through a state grant. **Rides and reimbursements are contingent upon the availability of grant funds. When funds run out, the provision of rides will be stopped until funds become available again.**

## HOW TO OBTAIN CAREGIVER MILEAGE REIMBURSEMENT (for persons unable to drive)

This portion of the grant is for anyone unable to drive but who has a family member, friend or caregiver who can drive them. Both the driver and rider must complete the form : **“Request For Mileage Reimbursement”** .

Mileage will be calculated by ECTC based on the shortest distance. Caregivers are not reimbursed for mileage from their home to the client’s. Completed forms must include the appointment date, start address, destination address, and must be signed and dated by client and driver after the last trip is entered.

Participants should submit completed mileage forms to their local town representative by the end of the month for processing.

The Town Representative will review the form for completeness and accuracy. This will include verification of the caregiver’s mailing address at the time the form is submitted. The town rep may also conduct random audits to verify that the trips were made for medical appointments.

The town rep will submit the completed form to ECTC. ECTC will issue a check to the Caregiver for the authorized trips performed.

## ECTC’S PAYMENT PROCESS

Checks will be processed on the last Monday of each month for the Caregiver’s “Request For Mileage Reimbursement” forms received before noon that day. Reimbursements due in a total amount less than \$10 will be carried over to the next month or until the \$10 limit is reached. Checks will be made payable to the Caregiver and mailed directly to them unless otherwise requested.

## HOW TO USE DIAL-A-RIDE SERVICE

Registered participants who cannot have their needs met by existing services will be provided a limited number of one-way trips per grant year (36) or as the grant dollars allow.

ECTC will arrange the medical transportation for eligible participants. Each trip request will be reviewed to determine if it can be met by existing transportation services. If so, we will refer the client to the appropriate services.

Transportation may be available 24 hours a day 7 days a week provided sufficient notice is given by the client. Requests must be made at least 48 hours in advance and can be made up to 2 weeks ahead. Requests for Monday rides must be made by the preceding Friday at 2 pm. Requests left on the answering machine on weekends & holidays for service for the next business day cannot be accommodated by this program.

Please be aware, **you may be asked** to wear some sort of face covering by your transport provider while riding in the vehicle (unless medically contraindicated).

# Guidelines for the Municipal Medical Transportation Service and Caregiver Transportation Program

The towns of Bozrah, East Lyme, Griswold, Groton, Ledyard, Lisbon, New London, North Stonington, **Salem**, Preston, Stonington, and Waterford collaborate with the Eastern Connecticut Transportation Consortium and the CT Department of Transportation to offer transportation services for medical appointments to individuals age 60 and over and disabled adults. *Please note, this is a grant funded service and there is no guarantee that the funding will be available for the entire year.* To keep service running smoothly, please follow the guidelines outlined below.

## Who qualifies for this program?

This program is open to individuals who reside in the above listed towns and have completed a registration form. Individuals residing in: Private Homes; Retirement Living Facilities; Independent Living Facilities; Assisted Living Facilities; and Residential Care Homes **are** eligible for transportation under this program.

Individuals who reside in Skilled Nursing Facilities are **not** eligible for transportation through this program.

Individuals who are eligible for free transportation through Medicaid are asked to use that program instead.

## What are the limitations of this program?

Thirty-six (36) one-way rides for the period of July 1, 2021 - June 30, 2022 can be provided for medical appointments in New London County **as long as funding is available**. Please refer to the map on the brochure for specific towns to which the grant will provide a ride.

Reservations must be made no later than 48 hours in advance but can be scheduled up to 2 weeks ahead. Trips can be scheduled during normal business hours. Requests for weekend & Monday trips must be made no later than Friday by 2 p.m. Personal Care Attendants (or family member acting as an escort) may accompany passengers who need extra help with entering and exiting the vehicle or have other needs that make traveling independently unsafe.

In order to protect the health of others, passengers must be free from acute illnesses such as flu, fever, vomiting, diarrhea, and infections such as pneumonia. **You may be asked to wear some sort of face covering by your transport provider (unless it is medically contraindicated).**

## What information should I have when calling to request a ride?

- Your complete name and address.
- The address of your destination and the physician's name.
- The date and time of your appointment.
- An estimated time that you will be picked up from your appointment to return home.

## How does the Caregiver Mileage Reimbursement Program work?

The rider retains a volunteer driver (friend, neighbor, family member). The driver and rider must complete the "Request for Mileage Reimbursement" form.

Mileage is calculated by ECTC based on the shortest distance to the destination. The mileage from the caregiver's home to the passenger going to the medical appointment is NOT included.

Form must include appointment date, start address, destination address, and must be signed and dated by client and driver after last trip has been entered on the form. Participants submit completed mileage reimbursement forms to their town senior center or town representative by the end of the month for processing.

When the form is submitted, the town representative reviews the form for accuracy and verifies the mailing address of the Caregiver. Town Representatives may perform audits to verify that the appointments did occur.

The Town Representative will sign and fax the form to ECTC. ECTC will issue a check to the Caregiver for authorized trips performed.

**Municipal Medical Transportation Service  
TRANSPORTATION ELIGIBILITY FORM**

Name:(please print)\_\_\_\_\_ Birth Date\_\_\_\_/\_\_\_\_/\_\_\_\_

Address:\_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone # \_\_\_\_\_

Please describe your home's exterior \_\_\_\_\_

Is the house number on the house or mailbox?\_\_\_\_\_

Do you have a physical disability? Circle one. Yes      No

Do you have a mental disability or cognitive impairment? Circle one. Yes      No

Do you have *Medicaid as a form of insurance*? Yes      No

**Note: Individuals under the age of 60 must provide proof of their disability from the Social Security Administration.**

Do you use a mobility aid? i.e. wheelchair, walker, cane, scooter? Please list.

\_\_\_\_\_

Can you get into a car unassisted? Circle one! Yes      No

**Emergency Contact information:**

Name \_\_\_\_\_

Address: \_\_\_\_\_

Telephone # \_\_\_\_\_

- Please mail or deliver the completed form to:  
Town of Salem Senior Citizens (MMTS)  
270 Hartford Rd  
Salem CT 06420

- *To minimize abuse, all trips are subject to random audit.*
- *Service is not available to Nursing Homes.*

**We reserve the right to deny transportation to any individual who does not meet the criteria for the transportation program.**

I have read and understand the guidelines of the municipal medical transportation service, which is attached.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

# Senior Rides Program Request for Mileage Reimbursement

Driver Name: \_\_\_\_\_

Driver Address: \_\_\_\_\_ Phone : \_\_\_\_\_

Senior Passenger Name: \_\_\_\_\_ (Please indicate if trips are ONE-WAY or ROUND TRIP)

Date	Complete Start Address	Complete Destination Address (include Street #)	*Trip Purpose	Total Miles (Completed by ECTC)
Sample 7/1/15	20 Goldstar Hwy, Groton	L&M Hospital 400 Montauk Ave, New London	Medical Appt.	

\* Trip purpose must be medical trips only. Return form to your senior center for review and they will forward the form to ECTC.

I as a passenger or driver understand by signing this document that I am releasing the Eastern Connecticut Transportation Consortium, Inc (ECTC), Towns of Bozrah, East Lyme, Groton, Griswold, Ledyard, Lisbon, Preston, Salem, Stonington, N. Stonington, Waterford, and the City of New London from any responsibility of any type of vehicle damage, injury and/or death caused by an accident during the voluntary transport for this program.

I understand that Eastern Connecticut Transportation Consortium, Inc (ECTC), , Towns of Bozrah, East Lyme, Groton, Griswold, Ledyard, Lisbon, Preston, Salem, Stonington, N. Stonington, Waterford, and the City of New London are providing reimbursement of mileage under a Municipal Grant program allowing eligible passengers to chose their own driver. As such, these drivers are not trained or certified, nor have any checks such as safety inspections, verification of insurance, license checks or criminal checks been performed. I voluntarily allow this driver to transport me in his/her vehicle with full knowledge that I am riding at my own risk.

By signing this document, I am fully aware of all provisions stated above and agree to the terms and attest the above trip information is true:

Signature (Driver)	Date	Signature (Rider)	Date

Trips authorized: \_\_\_\_\_  
 Signature (Senior Center Representative)      Date

Circle Town Affiliation: Bozrah    East Lyme    Griswold    Groton    Ledyard    Lisbon    New London  
 N. Stonington    Preston    **Salem**    Stonington    Waterford

**(FOR ECTC OFFICE USE ONLY)**

\_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
 Rate      x      Total miles      **Reimbursement Cost**

Total Medical Trips: \_\_\_\_\_