



Assisted Transportation Service Application



Name: _____ Date of Birth: _____

MetroAccess Number: _____ Phone Number: 703-_____

Address: _____
Arlington, Virginia 222_____

Contact Person: _____ Phone Number: _____

PCA (personal care attendant) designation for STAR: yes no

A. Gross income: \$_____ monthly or yearly
(include income from all sources, including Social Security, interest, dividends, pensions, annuities, wages, SSI)

B. Excludable health care costs \$_____ (such as, medications, health insurance premiums, incontinent supplies, dietary supplements)

Net Income: \$_____ (Subtract B from A)

Signature: _____ Date: _____

I understand that the Arlington Assisted Transportation Service is a fee-for-service program. I will be liable for this fee in addition to the regular \$2.00 STAR fare for a one-way trip. I understand that this assisted transportation fee is based on my income and I will receive a bill several weeks after the trip.

Mail application to:
Arlington Agency on Aging
3033 Wilson Blvd., Suite 700B
Arlington, VA 22201
Fax: 703-228-1148

Please allow two weeks to process application and schedule a home visit.

For Agency Use Only

Date of Receipt _____

Name: _____

MetroAccess Number: _____

You have been accepted to the program: yes

In addition to the \$2.00 per *STAR* one-way trip fare, your fee for the driver/escort service for one-way will be: \$_____

No You are ineligible because _____

You may appeal the decision that you are ineligible for this program by contacting the Director of the Arlington Agency on Aging

by mail at: 3033 Wilson Blvd.
Arlington, Virginia 22201

by phone at: 703-228-1700
by FAX at: 703-228-1148
by TTY at: 703-228-1788