



Social Services' Transportation Program

TRPclackamas@clackamas.us

PO BOX 2950 Oregon City, OR 97045

Thank you for your interest in the Clackamas County Transportation Programs!

The Participant Form is for both Transportation Reaching People (TRP) and Senior Companion Programs (SCP) clients.

Please complete the form below and return it to confirm your enrollment.

How to submit your Participant Form:

Option 1:

1. Download and save the PDF.
2. Fill out the form using a PDF editor
3. Click the "Submit" button in the upper right-hand corner of the PDF which will attach it to your email.

Option 2:

1. Download and save the PDF.
2. Fill out the form using a PDF editor and save it.
3. Attach and email it to TRPclackamas@clackamas.us.

Option 3:

1. Print and fill out the form.
2. Mail it to:
PO BOX 2950, Oregon City, OR 97045.

Option 4:

1. Follow the link to create an online account and fill out the form electronically.
2. <https://btrr.im/ws3qf>

If you have questions, contact us at TRPclackamas@clackamas.us or call **503-655-8208**; option 3 for enrollment.

Thank you for joining the TRP Program!



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PARTICIPANT ENROLLMENT FORM

Please ensure you fill out the entire form. Incomplete forms may delay the participant enrollment process. Enrollment typically takes up to 5-7 working days. Once enrolled, you will receive a Participant's Guide in the mail. We encourage you to read the Participant's Guide thoroughly to understand the program(s). If you have any questions, please don't hesitate to contact our office at (503) 655-8208.

Date:	
All participants will be automatically enrolled in TRP. Would you also like to join our Senior Companion Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Person completing the form:	Relationship to Participant:
Is the Participant aware you are enrolling them into a Transportation Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	

PARTICIPANT INFORMATION

Full Name:		Birthdate:
Address (Street #/Name, City and Zip):		
Home Phone		Is this your Primary Phone Line? <input type="checkbox"/>
Cell Phone		I consent to receive text messages <input type="checkbox"/>
Email Address:		I consent to receive email messages <input type="checkbox"/>
Language(s) Spoken:		
Are you eligible for TriMet Lift:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Never Applied <input type="checkbox"/> Temporary <input type="checkbox"/> Conditional	
Do you have Medicaid: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Medicaid number:	

CAREGIVER/FAMILY MEMBER EMERGENCY CONTACT: *This person should be the one most familiar with the participant.*

Name:	Phone Number:
Relationship:	Email Address:

VETERAN DATA

Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a disabled veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you the spouse or widow of a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	

LIVING SITUATION

Do you: <input type="checkbox"/> Live Alone <input type="checkbox"/> Live with Spouse/Partner <input type="checkbox"/> Live with Non-relatives <input type="checkbox"/> Live with Extended Family <input type="checkbox"/> Live in an Independent Living community <input type="checkbox"/> Live in an Assisted Living community <input type="checkbox"/> Houseless

DEMOGRAPHIC DATA: *This information is required as part of our grant reporting requirements and is kept confidential.*

Race/Ethnicity/Culture (check all that apply):	
<input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native American/Alaska Native <input type="checkbox"/> Multi Race (2 or more)	
<input type="checkbox"/> Slavic <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Middle Eastern <input type="checkbox"/> White/Caucasian (Non-Hispanic) <input type="checkbox"/> Pacific Islander	
<input type="checkbox"/> Prefer to self describe: _____	<input type="checkbox"/> Unknown/Prefer not to answer

Does the participant have any of the following (check all that apply):

<input type="checkbox"/> Terminal Illness	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Mental Health Challenges	<input type="checkbox"/> Social Isolation
<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Emotional Challenges	<input type="checkbox"/> Developmental Disability	<input type="checkbox"/> Legally Blind
<input type="checkbox"/> Short-Term Disability	<input type="checkbox"/> Physical Impairment	<input type="checkbox"/> Alzheimer's Disease/Dementia: Early / Middle / Late	
<input type="checkbox"/> Vision Impairment	<input type="checkbox"/> Speech Impairment	<input type="checkbox"/> Other:	

What is your gender: Female Male Gender Fluid/Non-Conforming
 Prefer to self-describe: _____ Prefer not to answer

Do you identify as a member of the LGBTQIA+ Community: Yes No Prefer not to answer

Do you identify as a member of the disability community: Yes No Prefer not to answer

SPECIAL ASSISTANCE:

Are you able to safely get to and from a vehicle on your own without assistance: Yes No

Are you able to safely get into and off a vehicle on your own (or on a lift) without assistance: Yes No

Do you have a cognitive or physical disability: Yes No

Is your disability Permanent Temporary
 If you answered temporary, please explain (i.e. length of expected disability):

Check all the mobility equipment and aids that you expect (or may) use when you travel in our vehicles:

<input type="checkbox"/> Cane	<input type="checkbox"/> Manual Wheelchair	<input type="checkbox"/> Respirator
<input type="checkbox"/> Walker	<input type="checkbox"/> Power Wheelchair	<input type="checkbox"/> Personal Care Attendant/Escort
<input type="checkbox"/> Crutches	<input type="checkbox"/> Extended footrest WC	<input type="checkbox"/> Service Animal (see Participants' Guide for rules)
<input type="checkbox"/> White cane	<input type="checkbox"/> Power Scooter	<input type="checkbox"/> Other:
	<input type="checkbox"/> Portable oxygen	

If using a wheelchair or scooter, please answer the following: Width of equipment _____ inches
 Does the weight of the participant *plus* the wheelchair/scooter exceed 800 lbs: Yes No

TRP Staff and Volunteers are not able to perform the duties of an Escort or Personal Care Attendant.
 Do you travel with a Personal Care Attendant or Escort Yes No

CASE WORKER:

Do you have a caseworker (DHS, OPI, APD, DD, Etc.)? Yes No

Name of Agency: _____ Name of Agency: _____
 Name of Case Manager: _____ Name of Case Manager: _____
 Phone Number: _____ Phone Number: _____

PARTICIPANT NEEDS:

Check all that apply:

<input type="checkbox"/> Companionship	<input type="checkbox"/> Nutrition	<input type="checkbox"/> Information/Advocacy	<input type="checkbox"/> Shopping Trips
<input type="checkbox"/> Social Outings	<input type="checkbox"/> Recreational Outings	<input type="checkbox"/> Medical Appointments	<input type="checkbox"/> Other:

For outing others than medical appointment, are you willing to have a flexible drop off/pick-up time and/or be called day of?

Any additional information we should know to best serve the participant:

How did you hear about our services:

By signing your name below, you certify that the information you provided is true and accurate to the best of your knowledge and consent to receive information from Clackamas County regarding transportation services.

Signature of Participant or Family Caregiver _____

TRANSPORTATION OFFICE USE ONLY:

<input type="checkbox"/> Confirmed TRP Eligibility	<input type="checkbox"/> Confirmed SCP Eligibility
<input type="checkbox"/> Data entered into Client Impact: _____	<input type="checkbox"/> Data entered into TripMaster: _____
<input type="checkbox"/> Date Participant's Guide Mailed: _____	<input type="checkbox"/> If SCP, assigned to volunteer in Better Impact
<input type="checkbox"/> SPD Check: Prime # _____	SPD-T19 <input type="checkbox"/> Yes <input type="checkbox"/> No

Notes/Updates: