

CKAMAS 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 <u>Transportation Reaching People (TRP)</u> and <u>Senior Companion Programs (SCP)</u> 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 to your computer or mobile device.
- 2. Fill out the form using a PDF editor and save it.
- 3. Attach and email it to trp-enrollments@clackamas.us.

Option 2:

- 1. Print and fill out the form.
- 2. Mail it to:

TRP

PO BOX 2950, Oregon City, OR 97045.

Option 3:

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

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

Thank you for joining the TRP & SCP Programs!



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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 Transportation Reaching People (TRP).						
Would you also like to join our Senior Companion Program (SCP) ? Yes No						
TRP is a request as needed Ride-Share program. SCP are regular weekly visits with a volunteer who can assist						
with companionship and transportation needs.						
Person completing the form: Relationship to Participant:						
Is the Participant aware you are enrolling them in	nto a Transportatio			Yes	No	
, ,	<u>'</u>					
PARTICIPANT INFORMATION		T				
Full Legal Name (First Name, Middle Initial & Last Name:			Birthdate:			
<u>DEMOGRAPHIC DATA:</u> This information is required a	as part of our grant i	reporting red	quirem	ents and i	s kept confidential.	
Gender: Female Male Gende	er Fluid/Non-Confo	orming	-			
Prefer to self-describe:	. [Prefer n	ot to a	nswer		
Do you identify as a member of the LGBTQIA+ Community: Yes No Prefer not to answer						
Language(s) Spoken:						
Race/Ethnicity/Culture (check all that apply):						
Asian Black/African American Native American/Alaska Native Multi Race (2 or more)						
Slavic Hispanic/Latino Middle Eastern White/Caucasian (Non-Hispanic)						
Pacific Islander						
Prefer to self describe: Unknown/Prefer not to answer						
Living Situation:		<u> </u>				
Live Alone Live with Spouse/Partner Live with Non-relatives Live with Extended Family						
Live in an Independent Living community Live in an Assisted Living community Houseless						
		ted Living Co	Jiiiiiu	· · · · · · · · · · · · · · · · · · ·	Tiousciess	
VETERAN DATA						
Are you a veteran? Yes No	Are you a disable	ed veteran?	Y	'es 🗌	No	
Are you the spouse or widow of a veteran?	Do you have someone in your family that is currently serving in					
Yes No	the US Armed Fo	<u> </u>	Yes	No	. •	

ADA & SPECIAL ASS	SISTANCE:				
Do you identify as	a member of the disability communit	:y: Yes No Prefer not to answer			
Is your disability If you answered te	Permanent Temporary emporary, please explain (i.e. length of	expected disability):			
Does you have and Terminal Illnes Substance Abu Short-Term Dis Vision Impairm	se Emotional Challenges ability Physical Impairment	Mental Health Challenges Social Isolation Developmental Disability Legally Blind Alzheimer's Disease/Dementia: Early / Middle / Late Siezures Other:			
NONE - Ambula Service Animal 2-4 wheel cart: Walker: Foldin Power Scooter Manual Wheel Power Wheelc If using a wheelcha	atory Cane White conservations (see Participants' Guide for rules) Portal Collapsible or Non-collapsible gwalker or Non-Folding Walker: Transfer to Seat or No Transfer to Seat or Seat or No Transfer to Seat or	able oxygen Other: at to Seat WC Needs to use Lift for boarding ving:			
Width of equipme					
	•	ies of an Escort or Personal Care Attendant . Yes No			
Do you travel with	a Personal Care Attendant or Escort	☐ Yes ☐ No			
CONTACT INFORM	ATION				
	reet # and Name, Apt/Unit#, City and 2	Zip):			
Mailing Address (if different from above):				
Home Phone		Is this your primary number? Y N			
Cell Phone		Consent to receive text messages			
Email Address		Consent to receive emails			
CAREGIVER/FAMIL	Y MEMBER EMERGENCY CONTACT: Th	is person should be the one most familiar with the participant.			
Name:		Phone Number:			
Relationship:		Email Address:			
TD A NICDODT A TION	ACCICTANCE.				
TRANSPORTATION Are you able to sai	fely get to and from a vehicle on your o	own without assistance: Yes No			
	fely get to and from a venicle on your o				
•	ry prevent you from independently acc	essing or using fixed-route transit services such as the			

Are you an approved TriMet Lift customer? Yes If	ves. Hop Card 16-digit#:					
No Never Applied Temporary/Condition						
Do you have Medicaid: Yes No If yes, Medicaid number:						
Do you have intedicate.	ii yes, ivicalcala hamber.					
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:						
	Information/Advocacy Shopping Trips					
	Medical Appointments United 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	e the participant:					
The Abd a beautiful to the Section						
How did you hear about our services:						
By signing your name below, you certify that the inform						
your knowledge and consent to receive information from	m Clackamas County regarding transportation services.					
Signature of Participant or Family Caregiver						
TRANSPORTATION OFFICE USE ONLY:						
Confirmed TRP Eligibility	Confirmed SCP Eligibity					
Data entered into Client Impact:	Add to Waitlist and Confirmed with participant					
Date Participant's Guide Mailed:	Data entered into TripMaster:					
SPD Check: Prime #	SPD-T19 Yes No					
Notes/Updates:						