

METS (Medical Transportation Service) Qualification Form

COMPLETE THE FRONT AND BACK OF THIS FORM

Return to METS at 1509 Schwab Street, Suite A, Red Bluff, CA 96080

If you need help with this form please call (530) 385-2200 or 1-800-982-6638

NAME (FIRST, MIDDLE, LAST)

PHONE NUMBER

STREET ADDRESS

CITY / STATE / ZIP

MAILING ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)

CITY / STATE / ZIP

EMERGENCY CONTACT PERSON

PHONE NUMBER

RELATIONSHIP

WHAT IS YOUR DATE OF BIRTH? _____

WHAT IS YOUR CALIFORNIA DRIVER'S LICENSE OR CALIFORNIA ID#? _____

NAMES AND RELATIONSHIP OF OTHERS LIVING IN YOUR HOME _____

How did you hear about METS? _____

How have you been getting to medical appointments? _____

Remember, the sole purpose of METS is to provide transportation to non-emergency medical appointments for those qualified individuals who have no other available means of transportation.

How often will you need METS and for what type of appointments? _____

How do you get to the store to shop? (circle one or more) Family – Friend – TRAX-ParaTRAX – Car – Other (explain) _____

How do you get your mail delivered? Home – Post Office Box – Other _____

Do you have a home care provider? Yes or No

Do you own a vehicle? Yes or No

Do you drive? Yes or No

Do you receive any financial or medical aid? Yes or No

Please circle all that apply.

Medi-Cal

Cash Aid

Unemployment Benefits

Medi-Care

CalWORKS

Disability Benefits

SSI

Section 8

Other _____

Please turn over and complete the back of form

Do you need assistance with:

Getting in/out of vehicles	Yes or No	Please explain _____
Going up/down stairs	Yes or No	Please explain _____
Opening doors	Yes or No	Please explain _____
Crossing streets	Yes or No	Please explain _____
Other: _____		

Do you have any vision problems?	Yes or No	Please explain _____
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Do you use a cane or walker?	Yes or No	Please explain _____
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Do you use a wheelchair?	Yes or No	Please explain _____
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Do you use an oxygen tank?	Yes or No
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Do you smoke?	Yes or No
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Do you have a telephone answering machine or a cell phone with voicemail?	Yes or No
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Are you a TRAX bus rider?	Yes or No
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Would you like free, personalized training on how to use the TRAX bus system?	Yes or No
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Please explain your need for METS to take you to your non-emergency medical appointments, and why you think you qualify for these services. Please be specific. _____

Qualification is required prior to receiving METS transportation.

I certify under penalty of perjury under the laws of the State of California that the information I have provided is correct and complete. Providing false information may terminate the qualification process. I understand this Qualification Form is updated as needed.

SIGNATURE _____ DATE _____

Please return this form in the envelope provided to:
METS,
c/o Paratransit Services
1509 Schwab Street, Suite A, Red Bluff, CA 96080