



Date: _____

Name (Last, First): _____

Length of TOC (minutes): _____

- a. Referred by: _____
- b. Street address: _____
 City, zip code: _____
 Mailing address (if different): _____
- c. E-mail: _____ Computer access? ₁ Yes ₂ No
- d. Telephone number(s): _____
- f. Date of birth: _____ Over age 60? ₁ Yes ₂ No
- g. Type of Contact: ₁ Phone ₂ E-mail ₃ In person (where): _____

	Yes ▼	No ▼	Notes ▼
Called before?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	_____
Calling for yourself?.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	_____
Verbal release?.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	_____
Primary language - English?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	_____
Medicare?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	_____
Medicaid?.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	_____
Veteran?.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	_____
DAAA Client?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	_____
Have you ever used public transportation?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	_____
Lives in DART member city? (Addison, Carrollton, Cockrell Hill, Dallas, Farmers Branch, Garland, Glenn Heights, HP, Irving, Plano, Richardson, Rowlett, UP)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	_____
Have you used a special transportation service, like one for seniors or persons with disabilities?.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	_____
Is there a working vehicle in your home that you can drive?.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	_____
Ride with a friend, family member, neighbor?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	_____
Need help walking or getting in/out of vehicle?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	_____



Date: _____

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	Yes	No	Notes
Able to transfer to a seat?.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	_____
Comfortable riding with others?.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	_____

Special accommodations

- ₁ Walker
- ₇ Manual wheelchair
- ₂ Power wheelchair
- ₉ Attendant
- ₈ Service animal
- ₃ Oxygen
- ₄ Vision Impairment
- ₁₀ Hearing impairment
- ₅ Other: _____

Types of trips needed

- ₁ Medical
- ₇ Shopping
- ₂ School
- ₈ Pharmacy
- ₃ Social/Recreational
- ₉ Volunteering
- ₄ Nutrition
- ₁₀ Religious purpose
- ₅ Work
- ₁₁ Other (please specify): _____

Trip One: _____

Date/Time of trip: _____ ₁ Weekend ₂ After hours

Trip purpose: ₁ Medical ₂ Employment ₃ Social ₄ Shopping ₅ Other

Round Trip: ₁ Yes ₂ No

Street address: _____

City, zip code: _____

Notes: _____

Referred to: _____



Date: _____

Name (Last, First): _____

Trip Two: _____

Date/Time of trip: _____ ₁ Weekend ₂ After hours

Trip purpose: ₁ Medical ₂ Employment ₃ Social ₄ Shopping ₅ Other

Round Trip: ₁ Yes ₂ No

Street address: _____

City, zip code: _____

Notes: _____

Referred to: _____

Trip Three: _____

Date/Time of trip: _____ ₁ Weekend ₂ After hours

Trip purpose: ₁ Medical ₂ Employment ₃ Social ₄ Shopping ₅ Other

Round Trip: ₁ Yes ₂ No

Street address: _____

City, zip code: _____

Notes: _____

Referred to: _____



Date: _____

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Need assistance applying for these programs? ₁ Yes ₂ No

As a result this conversation, do you feel more knowledgeable about your options? ₁ Yes ₂ No

Are there other places you cannot go due to transportation? ₁ Yes ₂ No

Would you like a summary of our conversation today mailed or emailed to you? ₁ Yes ₂ No

Follow up date: _____

Trip completed? ₁ Success ₂ Pending ₃ No data ₄ No option ₁₁ Unsuccessful

Any issues? _____

Adjustments: _____

Additional follow up needed? ₁ Yes ₂ No

Resource Check (check and circle all that apply)

₁ Public transit
DART bus, rail, On-Call/Flex, TRE, discount card, travel training, Google Transit, Trip Planner, Paratransit, MTED, Grand C.

₂ Human service
AIN, DAC, Parkland, Richardson, Rosemont, SAS, Wilmer, senior centers, VTS

₃ Medical only
ACS, Dallas, Garland, Irving, Seagoville, JFS, Medicaid, Medicare, VA, Kidney

₄ Transportation for hire
Taxi, Berger, CVT, MetroTransporters, Senior Rides, Other

₅ Someone consumer knows who can drive
Spouse, family, friend, neighbor, other

₆ Mixing modes (i.e., taxi to bus, ride with friend to closest train station, etc.)

₇ Driver safety resources
ARMT Tool, AARP, NCST

₈ Transportation budgeting
How much are you spending on transportation now each week? _____
How much could you comfortably budget for transportation each week? _____
How much additional funding do you need to afford the transportation you need each week? _____
Can you deduct the cost of transportation from income used to determine SSI/SSDI?

₉ Non-transportation services/supports
DAAA Care Coordination, Benefits Counseling, Chronic Disease Self-Management