TRANSPORTING CHILDREN TO BETTER HEALTH

CLIENT APPLICATION INSTRUCTIONS

Complete the entire application. If you have any questions or do not understand any of the questions on the application call 205-978-1000 for local residents or 1-800-543-7143, and press option #1 & #1. Applications will be processed within 24 – 48 hours from the date they are received.

Please visit our website at www.kidone.org to obtain further information, including access to the interactive Application, General Release and Limited Power of Attorney forms. Eligible clients can then utilize our *Request a Ride* option to schedule transportation.

Please note that you can submit the interactive application and forms electronically or print a copy to be mailed or faxed to our office

Please mail or fax completed documents to:
Kid One Transport, P.O. Box 11864, Birmingham, AL 35202
FAX: 205-978-1019

***Completed documents for pre-existing clients may also be returned to drivers at time of transportation.**

Client Application

Please print clearly using dark ink. Please fill out all information in each section (front & back).

1. Name of Client
The following information pertains to the client, the individual receiving the transport.

First Name Middle Initial Last		Social Security Number	Medicaid Number
Date of Birth (mm/dd/yyyy)	Sex: Male ☐ Female ☐	Home Phone: ( )	Cell Phone: ( )
Street Address (911 Address) Apartment #		Work Phone: ( )	May we call you at work? Yes ☐ No ☐
City, State, Zip Code County		Message Phone: ( )	Email:
Name of Apartment Complex/Building		What language do you usually speak? English ☐ Spanish ☐ Other ☐ _____ Do you or a family member speak English? Yes ☐ No ☐	
Directions or Comments		Special needs: Wheelchair ☐ Medical Equipment ☐ Other (please explain) ☐	

Statistical Information

Because of the generosity of our valued donors, Kid One is able to provide transportation services for needed medical appointments. Often these donors request statistical information for reporting purposes and validation of services. Information you provide will not be a determining factor regarding your eligibility and information will be kept confidential.

Race/Ethnicity: Caucasian ☐ African American ☐ Hispanic ☐ Asian ☐ Native American ☐ Other ☐ _____		
Type of appointment: Medical ☐ Mental Health ☐ Dental ☐ Eye Care ☐ Prenatal ☐ Postnatal ☐ Therapy ☐ Other ☐	Diagnosis	Are you a prenatal patient? Yes ☐ No ☐ If so, what is your due date (mm/dd/yyyy)? _____ ***Prenatal clients may be asked to participate in a 1hour training session. ** Prenatal clients only qualify for 1 postpartum (6 week check-up) appt.**

Name of Client (2)
The following information pertains to the client, the individual receiving the transport.

First Name Middle Initial Last		Social Security Number	Medicaid Number
Date of Birth (mm/dd/yyyy)	Sex: Male ☐ Female ☐	Special needs: Wheelchair ☐ Medical Equipment ☐ Other (please explain) ☐	
Race/Ethnicity: Caucasian ☐ African American ☐ Hispanic ☐ Asian ☐ Native American ☐ Other ☐			
Type of appointment: Medical ☐ Mental Health ☐ Dental ☐ Eye Care ☐ Prenatal ☐ Postnatal ☐ Therapy ☐ Other ☐	Diagnosis	Are you a prenatal patient? Yes ☐ No ☐ If so, what is your due date (mm/dd/yyyy)? _____ ***Prenatal clients may be asked to participate in a 1hour training session.** **** Prenatal clients only qualify for 1 postpartum (6 week check-up) appt.**	

Name of Client (3)
The following information pertains to the client, the individual receiving the transport.

First Name Middle Initial Last		Social Security Number	Medicaid Number
Date of Birth (mm/dd/yyyy)	Sex: Male ☐ Female ☐	Special needs: Wheelchair ☐ Medical Equipment ☐ Other (please explain) ☐	
Race/Ethnicity: Caucasian ☐ African American ☐ Hispanic ☐ Asian ☐ Native American ☐ Other ☐			
Type of appointment: Medical ☐ Mental Health ☐ Dental ☐ Eye Care ☐ Prenatal ☐ Postnatal ☐ Therapy ☐ Other ☐	Diagnosis	Are you a prenatal patient? Yes ☐ No ☐ If so, what is your due date (mm/dd/yyyy)? _____ ***Prenatal clients may be asked to participate in a 1hour training session.** **** Prenatal clients only qualify for 1 postpartum (6 week check-up) appt.**	

2. Name of Parent/Legal Guardian

First Name Last	Relationship to Client: _____ Date of Birth (mm/dd/yyyy): __	Special needs: Wheelchair ☐ Medical Equipment ☐ Other : _____

Name of responsible adult accompanying the client to appointments

First Name Last	Relationship to Client: _____ Date of Birth (mm/dd/yyyy): __	Special needs: Wheelchair ☐ Medical Equipment ☐ Other : _____

3. Transportation Need

At Kid One, we are focused on fulfilling our mission effectively and efficiently. Our commitment is to provide quality service for families in Alabama who have no means of transportation in reaching needed medical care. We are able to provide this service because of the financial support of local communities, and our concentration is to serve those with the greatest need. Along with this support and commitment comes a responsibility to our clients, donors, volunteers, and team members.

Do you have access to transportation? Yes☐ No☐
If not, why?

What other options for transportation are available in your area (e.g. buses, taxis, friend's vehicle, etc.)

4. Referral Information

How did you learn about Kid One Transport services? Social Worker☐ Doctor's Office☐ TV☐ Newspaper☐ Magazine☐ Friend/Relative☐ Kid One brochures☐ Kid One website☐ Other☐

If you are a referring party, please complete the section below.

First Name Last	Relationship to Client:	Agency Name
Phone No. ( )	Alternate No. ( )	Email

5. Household Income

If your Household has NO income (No one who lives in your home receives a check each month), check here: _____
Please place an X to indicate the yearly income range of your household.

$0 - $10,000		$30,001 - $40,000	
$10,001 - $20,000		$40,001 - $50,000	
$20,001 - $30,000		$50,001 – and above	

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Limited Power of Attorney for Medicaid Reimbursement

I, the undersigned, have made, constituted, and appointed, and by these presents do make, constitute and appoint Kid One Transport ("Kid One") as my true and lawful Attorney ("Attorney") with full power of substitution to do the following in my name, place, and stead:

To receive, take, endorse, assign, deliver and negotiate any check or other commercial paper made payable to myself representing reimbursement for transportation services provided by Kid One to myself and/or my children and/or dependents and I hereby ratify and approve all such prior acts taken by Kid One. I understand that certain banking or other financial institutions shall rely upon this limited power of attorney to deposit said checks, made payable to myself, to the account of Kid One and I hereby absolve and hold any such bank or financial institution harmless from any and all claims or liability for depositing said checks or commercial paper described herein which are presented by Kid One for deposit to the account of Kid One. Any banker or financial institution may rely upon this limited power of attorney until notified in writing that it has been revoked.

My mental and physical ability subsequent to my execution of this Limited Power of Attorney shall not revoke said power which shall remain in full force and effect notwithstanding said mental or physical ability. These presents shall extend to and be obligatory upon the executors, administrators, legal representatives, and successors, respectively, of the parties hereto.

IN WITNESS WHEREOF, I have hereunto affixed my signature this _____ day of _____,20___.

Printed Name of Person Receiving Transport ("Client 1")

Printed Name of Parent/Guardian (required if Client under the age of 19)

Printed Name of person Receiving Transport ("Client 2")

Signature of Parent/Guardian (required if Client under the age of 19)

Printed Name of Person Receiving Transport ("Client 3")

Printed Name of Person Receiving Transport ("Client 4")

Signatures are required on the front and back of this form

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GENERAL RELEASE

I understand that Kid One Transport System ("Kid One") is a non-profit agency that provides free transportation to healthcare related facilities or providers for expectant mothers and children who, due to a lack of transportation, would otherwise be unable to reach the facility or provider.

In exchange for the free transportation provided by Kid One, I on behalf of myself, and for my heirs, executors, administrators, and assigns and as the parent or legal guardian of the child listed below, do hereby: (1) assume full responsibility for utilizing the transportation services provided by Kid One, and (2) release, acquit, forever forgive, discharge and hold harmless Kid One, its successors and assigns, employees and agents and each of their heirs, executors and administrators, and all other persons, firms and corporations, from any and all claims, demands, rights and causes of action, of any kind and nature, in law or in equity, arising from or in connection with the transportation provided to me and/or my child by Kid One.

In the event that I or someone that I am responsible for uses or requires certain specialized equipment, such as a car seat, wheelchair, breathing device, or any other such medical or assisting device, I acknowledge and represent that I will be fully and exclusively responsible for ensuring that such equipment is properly secured in such a fashion to provide normal operation and safe transportation. In the event that such equipment is not properly secured, I will take all steps necessary to notify a Kid One Team Member prior to beginning any trip so that the equipment can be properly secured and operated prior to resuming the trip.

By my signature below, I acknowledge: (1) that I am nineteen (19) years of age or older, (2) that I am the parent or legal guardian of the child identified below, (3) that I have authority to enter into this Release on behalf of myself and the child identified below, and (4) that I have carefully read this Release and fully understand and know the terms thereof, and sign the same as my own free act.

Failure to comply with the rules and regulations set forth by Kid One will result in termination of service. Kid One Team Members reserve the right to refuse transport services at any time for any reason.

Kid One Transport is not responsible for any items left by clients in the transport vehicle.

Signature of Parent/Legal Guardian _____ **Date** _____

Printed Name of Parent/Legal Guardian _____

Printed Name of Client (Child) _____ **Signature of Client (Child) (Age 14 and Above)** _____

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