



**PENQUIS  
TRANSPORTATION ASSISTANCE PROJECT**

**T.A.P.**

If you are a mental health consumer with an Axis 1 diagnosis, you may be eligible for transportation to a variety of services. You must have a current diagnosis, be in treatment, and have a case manager and a written individual transportation service plan. This service is intended to provide interim transportation until the consumer is able to access other community supports such as friends and family. Assistance will be in the most cost effective manner available to you, and that meets your individual needs. This may be in the form of gasoline certificates, monthly bus pass, a voucher for a taxi or you may be scheduled with The Lynx agency vehicle or volunteer (this is always the last resort as we look for the most cost-effective means of service). As stated on the ISP form, transportation services are for 90 days only. After the 90 days have ended and you submit a new ISP, it is considered on a case by case basis for another 90 days. At the end of the second 90-day period, transportation services will end for this fiscal year. When calling, ask to speak to someone in TAP. The phone is staffed Monday through Friday 8:00 a.m. to 4:30 p.m. At other times, you may leave a message. All calls are responded to within 24 hours.

Toll Free Number 1-866-853-5969

Local 973-3695

Fax # 941-2978 Attention: Lynx

Office Hours: Monday through Friday

8:00 a.m. to 4:30 p.m.

The Lynx – Transportation Assistance Project

262 Harlow St – P.O. Box 1162 – Bangor, Maine 04402-1162

Phone (207) 973-3695 – Fax (207) 941-2978 – TDD (207) 973-3520 – Toll Free 1-866-853-5969

[www.penquis.org](http://www.penquis.org)

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**Directions for filling out an Individual Support Plan (ISP) for Transportation Services:**

The ISP form needs to be completely and correctly filled out in order for TAP to provide transportation services. A letter of diagnosis from the diagnosing doctor is also required. **The letter must state the Axis I diagnosis and the LOCUS score.**

Note: A consumer that goes to work must pay a fee of 10% of each one-way trip cost. Residential group homes are responsible for providing transportation for consumers residing there.

**What I want to work on (goals/needs):** In this section you should list the transportation needed. This should be listed in the order of importance of need for each consumer. Example: work 5 days/wk, groceries 2 days/mo, recreation 2 days/mo from what address to what address.

**How I will accomplish my goal(s) (action steps, strategies, objectives):** In this section the consumer should list alternative steps they have tried and will try to make for alternative transportation within the 90-day transition time enabling you to move from the TAP program to self sufficiency.

**What do I need (community resources/svcs.):** The need is transportation services. If the consumer lives and has appointments on the bus route, a bus pass would be their transportation. If the consumer has a friend/family member that can transport them, they need reimbursement. If the consumer has no means of transportation and doesn't fall into one of the above, we provide vouchers to the consumer for a taxi or can provide transportation with THE LYNX.

**Strengths and barriers (personal and resource):** In this section the consumer should state strengths and barriers pertaining to transportation services such as: what types of transportation the consumer can and cannot use.

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**This must be accompanied by the Individual Support Plan (ISP) form.**

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**Section I**

CONSUMER NAME: \_\_\_\_\_ DOB: \_\_\_\_\_  
SOCIAL SECURITY NUMBER: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

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**Section II**

\_\_\_\_\_ I am currently receiving MaineCare – my MaineCare number is: \_\_\_\_\_  
\_\_\_\_\_ I am an AMHI class member  
\_\_\_\_\_ I am in a residential group home

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**Section III**

I understand this ISP is to help with transportation for up to 90 days and it is my goal to find other transportation within this time by using the public bus or some other means of transportation. After 90 days each consumer is considered on a case by case need. I understand I may not get transportation to all the needs I have listed on my ISP so that critical needs by all TAP consumers can be met. If this ISP is not completely and correctly filled out, we will send the ISP back to be correctly filled out. **I have also included a letter of diagnosis and LOCUS score from the diagnosing doctor.** By signing this form, I authorize release of information to my caseworker.

CONSUMER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CASE WORKER NAME \_\_\_\_\_

CASE WORKER LOCATION/PHONE \_\_\_\_\_

**INDIVIDUAL SUPPORT PLAN  
ISP**

Person Receiving Services: \_\_\_\_\_ Case Manager: \_\_\_\_\_ Lead Agency: \_\_\_\_\_

What I want my life to be like: \_\_\_\_\_

Initial ISP/Annual Review Date: \_\_\_\_\_

<b>WHAT I WANT TO WORK ON (my goals/needs)</b> <b>Where I need to go – name of place, address &amp; how often:</b>	<b>HOW I WILL ACCOMPLISH MY GOAL(S)</b> (action steps, strategies, objectives) <b>What my plan for transportation is after the 90 days are up:</b>	<b>WHAT DO I NEED</b> (community resources/svcs) <b>What mode of transportation I am looking for: bus pass, taxi, gas cards or Lynx rides:</b>
<b>STRENGTHS (personal &amp; resource):</b>		<b>BARRIERS (personal &amp; resource):</b>



**Release of Information/Lynx Mobility Services  
Return this form to:**

**Penquis, P O Box 1162, Bangor, ME 04402-1162**

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**Permission to get records**

I, \_\_\_\_\_ give permission for Penquis to speak with medical/other providers to confirm Lynx covered services. Penquis will help me make new appointments, if need be.

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**I understand that:**

- I can cancel this release at any time.
- This information is needed to provide rides or pay mileage for my Lynx covered services.
- Penquis will not provide services without this information.
- This form is good for 1 year from the date I sign it.
- I have received the informational forms needed to get help with transportation.
- No other transportation is available to me and my family. I will let Penquis know if the situation changes.
- I understand that Penquis has the duty to arrange the least costly means of transportation that is suited to each person's need.
- This data is true and complete. Payment of this claim will be from Federal/State funds. Any lie or false data of a material fact may be subject to legal action under Federal/State laws.

**Signature 1: \_\_\_\_\_ Date \_\_\_\_\_**