



**PENQUIS
TRANSPORTATION ASSISTANCE PROJECT**

T.A.P.

If you are receiving MBM Section 17 uninsured eligible services and need transportation assistance to participate in medical, mental health, and other relevant appointments or activities, you may be eligible for transportation services. You must be receiving Section 17 services and be uninsured, 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 can 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 gift cards for gas, monthly bus pass, or a ride with The Lynx agency vehicle, volunteer driver, or local taxi company (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.

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

lynxemails@penquis.org

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 for TAP to provide transportation services.

Note: 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: physical therapy 3 days/wk, mental health counseling 2 days/mo clubhouse for 5 days/wk 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/services): 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 gas gift cards. If the consumer has no means of transportation and doesn't fall into one of the above, we 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.

Section I

CONSUMER NAME: _____ DOB: _____
SOCIAL SECURITY NUMBER: _____ TELEPHONE: _____
EMAIL ADDRESS: _____
ADDRESS: _____

Section II

_____ I am currently receiving MBM Section 17 uninsured services.
_____ I am in a residential group home

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. 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: _____

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



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

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

Permission to get records

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

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 signed 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 a duty to arrange the least costly means of transportation that is suited to each person's needs.
- 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 _____