



Jackson Medical Mall Foundation Transportation Voucher Program Procedures Manual

Program Description

Transportation Voucher Program gives eligible residents in the City of Jackson an opportunity to arrange for private transportation services and pay for these trips with transportation vouchers they purchase at a discount. The objective of the program is to improve accessibility and mobility for residents age 60 or older and persons with disabilities by providing access to transportation for quality of life trips.

Program goals are to provide flexible, personalized transportation services without travel boundaries or time limitations; decrease isolation and increase the independence of the elderly and disabled population; develop more community partners including local taxi providers, medical transportation providers and other specialized transportation providers.

Participants in the Transportation Voucher Program will be allowed only to purchase 2 books of vouchers totaling \$100 in value each month. Participants are required to pay \$25.00 per book. Participants can use these vouchers to pay for rides they arrange and schedule with a transportation provider they chose from a list of prequalified local private transportation providers.

Participants are provided curb-to-curb and/or door-to-door transportation service. Travel boundaries and service hours are unrestricted but are based on the transportation provider's service and hours of operation. All trips must originate in the City of Jackson.

Eligible Participants and Application Process

In order to qualify for the program, potential passengers must be age 60 or over or be an adult with a disability. Applicants must provide proof of age. Applicants under 60 with a disability must have a healthcare professional verify their disability. An applicant who is currently certified as an ADA eligible rider on the JATRAN Hand lift will be eligible for the Voucher Program. Also persons approved for participation in the City of Jackson Special Transportation program are also eligible for the Voucher Program. An intake form must be completed prior to participation in the voucher program. Applicants may apply for vouchers with the City of Jackson Cultural and Human Services Department, Senior Programs Division or JATRAN complete a Transportation Referral Form affirming their approval for participation in their agency's transportation program during the intake process. Otherwise proof of

eligibility will be required. When boarding an authorized transportation provider vehicle, an identification card issued by JATRAM or City of Jackson Special Transportation Program must be shown prior to using vouchers or purchasing vouchers from authorized vendors.

The Jackson Medical Mall is the administering agency for the Voucher Program and will process all applications for participation in the program. All applications should be mailed to:

Jackson Medical Mall Foundation
Attn: Atesa McKinney
350 W. Woodrow Wilson
Suite 101
Jackson, MS 39213

Voucher Purchasing Procedure

After being approved for the program, vouchers may be purchased in persons or via mail from Jackson Medical Mall Foundation.

You may mail a payment by money order to:

Jackson Medical Mall Foundation
Attn: Atesa McKinney
350 W. Woodrow Wilson
Suite 101
Jackson, MS 39213

If you wish to make a purchase in person, you may visit:

Jackson Medical Mall
350 W. Woodrow Wilson
Concierge Desk located at the Main Entrance (Bailey Avenue Side)
Jackson, MS

Vouchers can be purchased during the first 10 working days of each month between the hours of 9:00 A. M. – 3:00 P.M.

Vouchers will expire six months from the date of purchase. Vouchers **are non-refundable and non-transferable**. Vouchers must be used by the person to whom they were originally sold.

Using Vouchers

When purchasing vouchers, a list of participating transportation providers will be provided. The passenger is free to choose the transportation provider they feel will best serve their needs. It is the responsibility of the passenger to call the transportation provider directly at the number listed. Passengers must tell the dispatcher that they will be using a voucher and if they will be using a manual wheel chair, walker, etc.; so that the provider can assign the driver that can best serve the need of the passenger. The passenger should not schedule the same transportation ride with multiple transportation providers. If the

passenger requires someone to accompany them on their trip, vouchers cannot be used to pay for the trip of that passenger.

Taking the Trip

The passenger should be ready to travel within 15 minutes of placing a call to the transportation provider. When entering the vehicle, the passenger must show identification to indicate eligibility as a voucher participant. This will let the driver know that the trip will be paid for with vouchers. If a taxi is used for the transportation the passenger should understand taxi fares are calculated based on the meter rates, this may include waiting times and traffic delays.

After arriving at the destination, the driver is paid with vouchers equal to the exact fare for the ride. If the passenger does not have enough vouchers for the exact amount, the driver must be paid in cash for the difference or use coupons that are as close as possible to the exact amount. Tipping drivers is allowed, but vouchers cannot be used for this purpose.

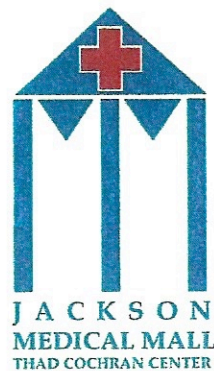
Example: The taxi meter fare for a ride is \$15. The passenger would give the driver \$15 in vouchers which are provided in denomination of \$2. Therefore, the passenger will give the driver 7 vouchers totaling \$14, and \$1 cash or give the driver 8 vouchers or \$16. Again, tips cannot be paid with vouchers, but are encouraged. Passengers cannot receive cash back from the driver if the meter fare is less than the value of the voucher(s). The passenger is responsible for the full taxi meter fare if the driver is not given a valid unexpired voucher.

This program is intended to provide service in the City of Jackson. However, travel outside of the City of Jackson is permitted, but the passenger must be aware that longer distance trips can be expensive. It is the duty of the participant to ensure that they have enough vouchers and/or money to pay for the trip. Passengers should also ensure that the transportation provider is authorized to provide transportation inside and outside of the City of Jackson.

Passengers are reminded to check with the transportation provider to determine if their mobility device (wheelchairs, walkers, scooters) can be transported in the assigned vehicle.

It is at the discretion of the transportation provider as to whether assistance is provided to the traveler, such as help pushing a wheelchair, carrying packages, assistance with walking, etc. The amount of the tips depends on the passenger's satisfaction with the quality and efficiency of the ride and courtesy of the driver. Vouchers may not be used to tip drivers.

For further information on the voucher program, please call Jackson Medical Mall at 601-982-8467.



Jackson Medical Mall Foundation Transportation Voucher Program Participant Waiver

I, _____, voluntarily, make and grant this waiver in favor of transportation reimbursement for the Jackson Medical Mall Transportation Voucher Program, and all collaborating parties, including the Mississippi Department of Transportation.

I do hereby, waive and release any and all claims whether in personal injury, damages, or losses that may arise from trips taken, using the Transportation Voucher Program. I understand that I will only use the drivers from the Transportation Voucher program authorized transportation provider list. The responsibility of the Jackson Medical Mall Voucher Program is to provide monetary reimbursement only. I hereby certify that I am a competent adult participating in this travel of my own free will.

I have read and agree to the terms and conditions printed on this Waiver.

Signature: _____ Date: _____



Jackson Medical Mall Foundation Transportation Voucher Program Participant Intake Form

CLIENT IDENTIFICATION	
Name:	Address:
Date of Birth: Age:	City, State, Zip:
Social Security #:	Home #:
Work #:	Cell#:
Email Address:	
DEMOGRAPHICS	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: <input type="checkbox"/> African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Hispanic
Status: <input type="checkbox"/> Senior Citizen <input type="checkbox"/> Disabled <i>*Please provide proof of age and disability status*</i>	Marital/ Relationship Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married
REFERRAL SOURCE	
Name of the Agency: _____	
EMERGENCY CONTACT INFORMATION	
Name:	Relationship to Client :
Home #:	Cell#:
Work #:	
PHYSICIAN CONTACT INFORMATION (PRIMARY)	
Name:	Address
Work #:	Cell #:
Email Address:	
VETERAN STATUS	
Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Spouse of a veteran <input type="checkbox"/> Child of a veteran	
CLIENTS MONTHLY HOUSEHOLD INCOME	HOUSING TYPE
\$ _____	<input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Duplex <input type="checkbox"/> Other
MOBILITY STATUS	
Do you utilize any of the following? <input type="checkbox"/> Walker <input type="checkbox"/> Scooter <input type="checkbox"/> Wheel Chair <input type="checkbox"/> Other _____	

I certify that all the information I have given on this form is true and complete to the best of my knowledge. In applying for the Jackson Medical Mall Foundation Voucher Program, I give my permission for the information on this form to be shared with the appropriate providers.

Signature of Consumer/ Client _____

Date _____



**Jackson Medical Mall Foundation Transportation Voucher Program
Voucher Program Referral & Disability Verification Form**

Date: _____

I am hereby referring the listed individual for participation in the Jackson Medical Mall Foundation Voucher Program:

Name _____

REFERRING PARTY

Name: _____ Title _____

Work Phone: _____ Email Address: _____

Company Name: _____

Company Address: _____

City _____ State _____ ZIP _____

I do certify that, _____ is a client of our Agency and we certified/verified her/his disability status.

Description of disability: _____

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JMMF OFFICE USE ONLY

The participant:

- ☐ has completed the required intake form required for non JATRAN and City of Jackson participants.
- ☐ has provided appropriate documentation requested for participation approval from the referral source. (COJ referral, copy of JATRAN Card, etc.)
- ☐ has provided proof of age and/or disability status. (Photo id, status verification, letter, etc.)

Approved by: _____ Date: _____

Voucher Program Providers

JACKSON TAXI

217 W GRIFFITH STREET

JACKSON, MS 39201

(601)292-1100

attendant pays \$3.00

VETERANS CAB



838 W CAPITOL STREET

JACKSON, MS 39203

(601)355-2222

doesn't charge for the attendant

MJ TRANSPORTATION



1-888-898-4429

DOOR TO DOOR TRANSPORTATION

Don Williams

601-966-3419

TAXI TIM



Tim Burnham

601-209-9766

South Central Community Action Agency (SCCAA)



Nicholas Ross or Tiffany Killingsworth

769-235-8224

Alexander, Vincent & Alexandria Personal Care

Peggy Clayborne

769-524-4191

Please be sure to notify provider upon call that you will be using vouchers and whether or not you are using a wheelchair, walker, etc.