

WHCA Transportation
664-0012 or 546-7547
1-877-374-8396
PO BOX 299
Ellsworth ME 04605-0299

This is your information for Transportation Release form
Washington Hancock Community Agency

PLEASE FILL OUT AND RETURN

Clients Full Name: _____ Date of Birth: _____

Parent/Guardian if under age 18 _____

Mailing Address: _____ City _____ Zip _____

Street Address (if different) _____ City _____ Zip _____

Telephone: _____ Sex: _____ Soc. Sec #: _____

MaineCare Number: _____

Emergency Info (Contact Person): _____ Telephone _____

Special Needs: _____

Directions: _____

Monthly income _____

Income Source (SS, SSI, Wages, TANF, Pension) _____

**Please read, sign below, and return to WHCA Transportation as soon as possible.
Because of HIPPA and MaineCare regulations, we must have this signed release on file to
provide you with transportation services.**

I certify under penalty of perjury that the above information is correct to the best of my knowledge and that I have no other means of transportation, or would be unable to provide my own transportation without reimbursement.

If there is any change in MaineCare eligibility (for MaineCare clients) or Income or Living Arrangements (for non-MaineCare clients) or any changes in my appointments I will notify WHCA Transportation at once.

I understand this is an authorization for release of information and is confidential and will only be used for verification, scheduling, and transportation purposes between WHCA Transportation and facilities that I utilize.

Notice to Agency/Person receiving this information: Under provisions of Title 42 of the Code of Federal Regulations, you may not re-disclose any of this information to another Agency/Person without specific written consent.

Signed: _____ Date: _____

IMPORTANT INFORMATION – PLEASE READ

Important information for all Department of Human Services clients regarding social services provided directly by the Department or through public or private community agencies which provide services under contract to the Department of Human Services.

HEARING RIGHTS

If you are not satisfied with a decision made regarding your eligibility for or the provision of social services, you have the right to ask for a hearing before the Commissioner of the Department of Human Services or his agent.

If you want an **informal** conference with the Regional Director or Director of the provider agency or his agent you should request it within ten (10) days of the notice of action by contacting the office where you made the application for or received the service.

If you want a **formal** hearing, you must request it by contacting the same office or the commissioner of the Department of Human Services, State House, Augusta, Maine 04333. A request for a formal hearing must be made within thirty (30) days of the effective date of the notice of the action you wish to appeal.

If you request either type of hearing within ten (10) days of the date of the notice regarding your eligibility for or the provision of social services, the proposed action will not go into effect until your appeal has been heard and a decision rendered.

CIVIL RIGHTS NOTICE

If you feel you have been discriminated against because of your race, color, or national origin, you may file a complaint requesting a hearing on this matter with the Regional or the State office of the department of Health, Education, and Welfare, Washington, D.C.

REPORTING RESPONSIBILITIES

REMEMBER! It is your responsibility to report to the agency providing the social service to you all changes in your circumstances, which could affect your eligibility for the services. Should you receive benefits to which you are not entitled due to failure to report changes promptly and correctly, you will be expected to repay any benefits for which you are not eligible.

FRAUDULENT REPRESENTATION

The willing acceptance and/or use of any State or Federal funds under this program for which a person knowingly is not eligible may constitute fraud and subject the user to prosecution under penalty of law.

For further information about any of the above, call or write the agency named on the reverse side of this notice.