

Island Health Care Transportation Access Program Application

How Does the TAP Work?

All Island Health Care patients are eligible to apply for travel assistance to medical and/or mental health appointments. This program operates as needed, meaning that patients are required to explore other sources of transportation assistance before applying. If you would like to learn more about transportation resources, please reach out to our Community Health Workers who can guide you to appropriate resources.

Expenses that qualify under this program include, but are not limited to: ferry tickets, bus transportation, taxi rides, and hotel accommodations. This is not an all-inclusive list – please note any unique needs on the application (e.g. payment for a car service, parking, tolls etc.). Retroactive applications can be submitted for reimbursement for expenses dating back to February 1 of the current year. When requesting reimbursement, **receipts for covered expenses are required**. If you are unable to attach a receipt, a credit or debit card statement is acceptable. Please note that failure to include proof of travel and purchase will result in an incomplete application and delayed processing times. You can expect to receive your reimbursement within three weeks of application approval.

Application Process

Applications can be submitted three ways: (1) email, (2) mail, or (3) hand delivery.

- (1) Email: Fill out online (or by hand and scan in) and email to hdolan@ihimv.org with the subject line “IHC-TAP”
- (2) Mail to: IHC-TAP, PO Box 9000, Edgartown, MA 02539
- (3) Hand deliver to: IHC at 245 Edgartown Vineyard Haven Road at the triangle in Edgartown

Applications will be processed on a first-come first-served basis. Applicants will be notified by phone or email regarding the status of their application.

Please attach copies of all receipt(s) and/or credit or debit card statement(s). If you need help filling out this form or have any questions, please call our one of our Population Health Community Health Workers, **Mary Donnelly** at **(339) 444-5495**, or **Sarah Toste** at **(339) 201-3989**.

Applicant’s Name (last, first):	Date of Application:
Mailing Address:	Date of Birth (MM/DD/YYYY):
Email:	Primary Phone Number (best number to reach you):

FOR OFFICIAL USE ONLY: CHW-assisted application? NO YES, please initial here: _____

Are you covered by health insurance? NO

YES, Insurer(s): _____, _____

Appointment & Transportation Information

Are you requesting **reimbursement** for travel that has already happened? YES NO

If yes, have you included receipts with your application? YES NO

Does your insurance cover transportation costs? YES NO PARTIALLY

If yes or partially, please explain: _____

Name of Specialist / Doctor / Provider	Department	Location and Phone Number
Date and Time of Appointment:		
Verification (include staff signature):	VERIFIED: <input type="checkbox"/> YES <input type="checkbox"/> NO STAFF INITIALS:	

Transportation financial assistance requested (please check all that apply):

SSA PASSENGER SSA AUTO BUS GAS HOTEL TAXI OTHER

If other, please specify and include the price if it is known: _____

If requesting a gas voucher, how much does it cost to fill your car's tank? _____

I certify that the above information is true and correct to the best of my knowledge. I also certify that the resources requested will be/have been used for travel to and/or from Martha's Vineyard for medical appointment(s).

Full Name (Print) Signature Today's Date

FOR OFFICIAL USE ONLY:			
Request Type:	<input type="checkbox"/> UPCOMING TRAVEL <input type="checkbox"/> REIMBURSEMENT	Approved:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Assistance:	<input type="checkbox"/> SSA PSNGR <input type="checkbox"/> SSA AUTO <input type="checkbox"/> BUS <input type="checkbox"/> GAS <input type="checkbox"/> HOTEL <input type="checkbox"/> TAXI <input type="checkbox"/> OTHER If other, please indicate here:		
If upcoming travel , include voucher(s) number(s):			
Amount (\$) requested by applicant and amount (\$) spent by IHC are the same:			<input type="checkbox"/> YES <input type="checkbox"/> NO
Verification Provided (appt confirmation req)	<input type="checkbox"/> Appointment confirmation <input type="checkbox"/> Receipt(s) <input type="checkbox"/> Card Statement	Total Owed	\$

Please indicate a **reason for denial** of any specific reimbursement or funding request: _____

Population Health Manager Signature & Date: _____

HR Manager Signature & Date: _____