



The Mileage Reimbursement Program was created to encourage volunteer based transportation for seniors and persons with disabilities who cannot drive and do not have access to public transit. Participants identify a volunteer driver to transport them to qualified medical or grocery trips and we will reimburse the mileage.

Who qualifies for this program?

Applicants must meet all of the following requirements:

- A Napa County resident of 65 years of age or older and/or a person with disabilities.
- Unable to drive.
- Live outside public transit service boundaries *or* travelling to a medical appointment outside the service boundaries.
- Travelling to/from a medical appointment or grocery trip that cannot be reached by other forms of public transportation.

Who can be a volunteer driver?

A volunteer driver can be a friend, a family member, neighbor, etc.

What is the reimbursement per Mile?

We reimburse 0.54 cents per each mile. For instance, if your total round trip mileage for a medical appointment is 50 miles, it will be **0.54 cents X 50 miles = a \$27 reimbursement**. We reimburse a minimum of 18 miles per month.

Please fill out this application and send it to NVTA at:

**625 Burnell St.
Napa, CA 94559
Or Fax it at (707) 259-8638**

For more information, contact NVTA at (707)253-4649
or visit our website at www.ridethevine.com/mrp



NVTA Mileage Reimbursement Program

625 Burnell St.
Napa, CA 94559
(707) 259-8631
FAX: (707) 259-8638



Eligibility Application

Please send completed application to NVTA at address above, INCOMPLETE APPLICATIONS WILL BE RETURNED.

First Name: _____ MI _____ Last Name: _____

Home Phone Number: _____ Cell Phone: _____

Address: _____

Mailing Address (if different from above): _____

Birth Date: _____

Emergency Contact:

Name of Emergency Contact: _____ Last Name: _____

Relationship to applicant: _____ Phone Number: _____

1. How did you hear about this program? _____

2. Are you able to drive? Yes No Why not? _____

3. Do you have a health problem(s) that affects your ability to drive? Yes No

4. Please describe your health problem(s):

5. How does your health problem(s) affect your ability to drive?

6. Has your health problem been verified by a physician? Yes No

7. How did you travel to medical appointments or grocery trips last month?

8. How often do you have medical appointments?

Not very often Few times a month Few times a week Every day

9. Where are your medical appointments located?

Name of Facility City How often?

Name of Facility	City	How often?

10. Number of times you traveled to medical appointments last month: _____

11. Do you use public transportation? (Including Vine Go) Yes No Why not? _____

12. Do you have a volunteer driver in mind? Yes No

13 Who is your volunteer driver? Relative Friend Caregiver

14. Any comments, questions or extra information you would like to provide?

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Eligibility Application

Part I: Please select one of the following requirements

I am age 65 or older. *(Provide proof of age such as a copy of a California ID Card or Medicare Card).* If you are 65 years of age or older, please skip Part II.

OR

I am not 65 years or older, but I have a disability. (Please fill out Part II, Authorization of Medical Information).

Part II: Authorization to Release Medical Information (If you are 65 years of age or older, please skip this part).

To be completed by applicant and submitted with application:

Applicant Name: _____ MI _____ Last Name: _____

Home Phone Number: _____ Birth Date: _____

Address: _____

Name of Professional who may release applicant's medical information: _____

Address: _____

Medical Record or ID #, if known: _____

I **hereby authorize** the following licensed professional (doctor, therapist, social worker, etc.) who can verify my disability or health related condition, to release this information to my local public transit agency. This information will be used only to verify my eligibility for the Mileage Reimbursement Program services. I understand that I have the right to receive a copy of this authorization, and that I may revoke it at any time.

Applicant Signature: _____ Date: _____

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I (name of applicant), _____, certify that the information provided is accurate and true. I understand that the information I am providing will be treated as confidential, the information I provided will only be used to determine initial and continuing eligibility for the program, and will be retained as a permanent part of my service file.

I understand that it is the policy of the NVTA Mileage Reimbursement Program to pursue any alleged suspected instances of fraud. A "fraudulent claim" is committed when a false representation of a present or past fact is made by the applicant of this program, member of the family of applicant, or unrelated person such as the applicant's caregiver or volunteer driver. If fraud is found, the applicant will be disqualified from the program.

If approved for the Mileage Reimbursement Program, I agree to all the program's policies, as communicated to me and/or in the notification of service that will be sent to me or communicated to me in any other way, and I acknowledge that failure to abide by the NVTA Mileage Reimbursement Program Policies may result in the termination of the NVTA Mileage Reimbursement Program services.

I understand and agree that my volunteer drivers are not NVTA employees and NVTA and its funding sources do not assume any responsibility for personal choice of driver, or any insurance liability. I acknowledge that being driven by others is an inherently dangerous activity and that my participation in the program could involve some danger to my person, to my property, or the person or property of others. In consideration of my participation in the NVTA Mileage Reimbursement Program however, I hereby forever release from liability and agree to indemnify and hold harmless the NVTA Mileage Reimbursement Program and any and all organizations, agencies or individuals who provide funding to or otherwise support the program, from any and all claims, losses, and liabilities arising out of or in any way connected with my participation in the Mileage Reimbursement Program. I also agree that I am responsible to pay reimbursements, when received, to my volunteer driver(s).

The NVTA Mileage Reimbursement Program is not government entitled. All funds for the Mileage Reimbursement program are provided through grant(s). Request for reimbursements will be honored subject to the availability of funds for reimbursement payments. If funds are not available, payments will not be made.

Applicant Signature: _____ Date: _____

Print name and relationship of preparer, if other than applicant: _____

Preparer's phone number: _____