

**Car Based Solutions
GUIDE
For Disabled Adults Receiving SAGA Cash
and/or Medicaid**



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General Information

Purpose:

The program can assist disabled adults receiving SAGA (State-Administered General Assistance) cash and/or Medicaid whose employment or employment related activity is not accessible via public transportation, by providing grant funds to assist in making their personal vehicles roadworthy. It can assist with repairs or incidentals (i.e. licenses, emissions, registrations, insurance, driver's education, etc.)

Note: Vehicle modifications for a driver with disabilities are not eligible under this program. Contact the Bureau of Rehabilitative Services for information on vehicle modification programs.

All requests for "Car Based Solutions" must be submitted to, and approved by, ECTC prior to being performed.

- The Program will cover 90% of repair or incidental costs (participant to cover 10%) up to \$700 lifetime maximum.
- Participants must be able to cover their 10% plus any remaining costs for any repairs or incidentals above the \$700 maximum.
- All automobiles being repaired must be registered and insured to the participant.

Eligibility Requirements & Target Population:

Participants must meet the eligibility requirements as described on the SAGA/Medicaid Eligibility & Referral Form. Case Managers must maintain a copy of this form in their client files, subject to monitoring by ECTC upon request.

- Participants must be either working, in job search or short term training.
- Participants must be a disabled adult and current SAGA Cash and/or Medicaid recipient.

General Case Manager Responsibilities:

- Case Managers are responsible for all legible form completion and submission.
- Case Managers are responsible for maintaining the SAGA/Medicaid Eligibility/Referral form in their client files.

Car Based Solutions Procedures

Caseworker Process:

Documents needed from client when requesting the following:

Repairs:

- 1: Proof of current registration (*must be registered to client*)
- 2: Proof of current insurance (*client's name must appear on policy or insurance card*)
- 3: Written Estimate from the garage performing the repairs (*Repairs must be done by a licensed facility*).

Registration/DMV Fees: (Vehicle sales tax is not covered)

- 1: Proof of Ownership
- 2: Proof of Insurance
- 3: Breakdown of costs from DMV
(*Please note, DMV Restoration Fees will not be approved for DUI offenses*)

Back Taxes:

- 1: Proof of Ownership (If vehicle is still owned by the client.)
- 2: Copy of Tax Bill

Emissions/Inspection:

- 1: Proof of Ownership
- 2: Proof of Insurance
- 3: Copy of receipt.

Insurance:

- 1: Proof of Ownership
- 2: Quote from Insurance Company or copy of insurance payment coupon

License:

- 1: Cost from DMV for testing, license, etc.

Driver's Education:

- 1: Cost from Driving School

- 1.) Case manager must fax a letter of request to ECTC at (860)439-1209, along with required documentation. All Car Based Solutions Requests also require **proof of SAGA cash or Medicaid benefit** to be faxed to ECTC along with the Eligibility Form.
- 2.) The request will be reviewed and will be faxed back to you with an approval or denial. If approved it will include the amount that has been approved. **You must inform your clients that they are expected to pay 10% of all Car Based Solutions costs and anything over the cap.** The Lifetime maximum Car Based Solutions benefit under this program cannot exceed \$700.
- 3.) **Repairs:** ECTC will only honor payment for 30 days from the approval date. This means that **all invoices and proofs of payment must be received by ECTC no later than 30 days after the approval date.**

ECTC's Payment Process

Checks are cut on Mondays. Any requests received after 12pm Monday will be cut the following week. Checks will be made payable to the following:

- Garage, when final bill is received
- Insurance agent or carrier (please specify which)
- Driving School
- DMV
- Tax collector
- Client, if proof is received that it has been paid by the client.

Checks for repairs will be mailed directly to the vendor unless requested otherwise. Insurance, tax collector and DMV checks are mailed to the case manager unless requested otherwise.

For any additional questions regarding these procedures please contact ECTC at (860) 439-1207 or 1-888-331-7433 if outside the local calling area.

(Coverage Map)



Eastern Connecticut Transportation Consortium, Inc.
SAGA CASH/MEDICAID ELIGIBILITY & REFERRAL FORM

CLIENT INFORMATION

Name: _____ M ___ F ___ DOB ____/____/____
Last Name / First Name

Address: _____

SS #: _____ - _____ - _____ Client ID# (SAGA/Medicaid) _____ Client Phone# _____

Ethnicity (circle one): Black White Hispanic Asian/Pacific Islander Other

Case Manager Name _____ Case Manager Agency _____

Case Manager Phone# _____ Case Manager Fax# _____

ELIGIBILITY CRITERIA

Disabled adult receiving current SAGA Cash and/or Medicaid and is either **WORKING, IN JOB SEARCH, OR IN TRAINING**: (Attach **PROOF of SAGA Cash or Medicaid Status**)

Family Size:

Monthly Income:

CHECK BELOW THE REASON CLIENT CANNOT USE PUBLIC TRANSPORTATION: (IF YOU ARE UNSURE YOU MAY CONTACT ECTC 860-439-0062 TO DETERMINE IF PUBLIC TRANSPORTATION CAN MEET THE CLIENT'S NEEDS.)

- Client resides or employment related activity is more than ¾ mile outside public transportation service area.
- Public transportation exists but schedule does not meet client's employment related transportation need.
- Daycare issues make it difficult to utilize public transportation.
- No public transportation exists in the area where client lives or attends employment activities.

I hereby certify that the information contained on this form is true and correct to the best of my knowledge. ALL INFORMATION IS CONFIDENTIAL.

Applicant Signature

Date

Case Manager Name (Print)

Date

-SAMPLE-

CAR BASED SOLUTIONS REQUEST

DATE: April 14, 2010

CLIENT: Joe Client

SSN: 111-11-1111

CASE MANAGER: Case Manager Name, Title
Case Manager Address
Case Manager Phone #

REQUEST:

Car Repairs	Pay to Midas	\$350.00
Insurance	Reimburse to Client	\$173.00

EXPLANATION:

(Explain the client's current employment/training situation, how the requested services will help the client attain eventual employment, as well as how the client will be able to pay for their 10% of the Car Based Solutions costs and any balance over the \$700 cap).

Joe Client is a disabled adult and SAGA cash recipient currently in training, and will be seeking a job within the next few weeks. He lives in a rural area where public transportation does not exist, so he will need to have his car repaired so that he can attain employment. Joe has money that he can contribute from his savings account to pay for his 10% share of the costs and any balance over the program cap. He understands that he must submit all invoices and proofs of payment to ECTC within 30 days of being approved for funding.

Case Manager Signature

Date