



County of Fairfax, Virginia

To protect and enrich the quality of life for the people, neighborhoods and diverse communities of Fairfax County

The following questions and answers have been compiled to assist you in understanding the FASTRAN CRITICAL MEDICAL CARE PROGRAM (CMCP).

What is the Critical Care Medical Program?

This service is available for Fairfax County residents who must undergo life sustaining treatments. This includes dialysis, radiology, physical therapy, chemotherapy, brain injury therapy, and water therapy.

Are there any fees to use this program?

Yes. Fees listed below are based on household size and gross income:

<u>Household Size</u>	<u>For Income Up To and Including:</u>			<u>For Income Over:</u>	
	225%	300%	375%	450%	451%
1	\$25,133	\$33,510	\$41,888	\$50,265	\$50,377
2	\$34,043	\$45,390	\$56,738	\$68,085	\$68,236
3	\$42,953	\$57,270	\$71,588	\$85,905	\$86,096
4	\$51,863	\$69,150	\$86,438	\$103,725	\$103,956
5	\$60,773	\$81,030	\$101,288	\$121,545	\$121,815
6	\$69,683	\$92,910	\$116,138	\$139,365	\$139,675
One Way Fare	\$ 0.00	\$ 2.00	\$ 3.00	\$ 4.00	\$ 5.00

What are accepted forms of income verification?

It is not necessary for applicants to submit income verification if that applicant is receiving services from one of the following agencies listed below (these service agencies can verify your income.)

- o you are a client of the Department of Family Services, the Health Department or Housing and Community Development OR
- o you are living in federally subsidized housing and your rent is based on your income.

Applicants who are not able to have their income verified by one of the above agencies must submit documentation. Accepted forms of documentation are (copies are acceptable):

- o letter of award from Social Security Administration
- o unemployment or Workman's Compensation statement
- o agreement showing amount of child support or alimony
- o statement of monthly pension benefits
- o employer statement(company letterhead) stating your salary or most recent pay stubs
- o bank statement showing automatic deposit of Social Security check, SSI check, and/or retirement benefits.

Parent's income is not considered when determining eligibility for an adult child (18 and over) still residing at home. Also, eligibility for elderly residents residing with a child is determined solely on the applicant's income.

Example A: In a family of three (two adults and an 18 year old) the income of the two adults is not considered in determining the eligibility of the 18 year old.

Example B: An elderly couple residing with their adult children will not have their children's income considered when determining eligibility.

HOW WILL I KNOW IF MY APPLICATION HAS BEEN RECEIVED?

You will be sent notification through the U.S. Mail which states:

- o your application has been approved and you are certified for use of FASTRAN CMCP, or
- o that the application is incomplete and what information is required to complete the application.

WHERE CAN FASTRAN TAKE ME?

FASTRAN can take you to locations in Fairfax County as well as locations in Arlington County and the City of Alexandria.

CAN FASTRAN TRANSPORT ME IF I USE A WHEELCHAIR?

FASTRAN vehicles are lift equipped for riders with wheelchairs. Steps into the interior of FASTRAN vehicles have been specifically designed to accommodate the disabled. Lifts and tie-downs accommodate most commonly used wheelchair models. Collapsible wheelchairs are provided on request for persons with "scooter" motorized wheelchairs that cannot be transported. In this case, you will be transferred to a collapsible wheelchair and your "scooter" wheelchair will be loaded and transported.

WHAT ARE FASTRAN'S CMCP HOURS?

CMCP vehicles are generally available from **6 a.m. - 6 p.m.** on a **space available basis** for oncology and dialysis. All physical therapies are call-in basis only **10 a.m. - 2 p.m.** and must have doctor's note or prescription on file with *Fastran*.

I REQUIRE A COMPANION WHEN I TRAVEL. MUST MY COMPANION ALSO REGISTER WITH FASTRAN IN ORDER TO RIDE ON THE VEHICLE?

No. A companion does not need to be registered.

AM I GUARANTEED A SEAT ON A FASTRAN BUS ONCE I AM REGISTERED FOR CMCP?

Service is provided on a space-available basis.

ARE THERE ANY RESTRICTIONS IN WHERE I MAY RECEIVE DIALYSIS TREATMENT?

FASTRAN should transport to the dialysis center closest to a client's home. Clients should ask their nephrologist about the dialysis facilities where they practice. It may impact on whether FASTRAN will be available. If you have a disability which prevents you from using Metro/Connector service, you may also be eligible for Metro Access service. Call Metro Access at 301-562-5361 for more information.

CRITICAL MEDICAL CARE PROGRAM APPLICATION (cont.)

INCOME STATUS

PLEASE SUBMIT PROOF

PLEASE INDICATE THE SOURCE, AMOUNT, AND SUBMIT PROOF OF MONTHLY INCOME:

<u>SOURCE OF INCOME</u>	<u>MONTHLY AMOUNT</u>
AID TO DEPENDENT CHILDREN (ADC)	\$ _____
GENERAL RELIEF (GR)	_____
REFUGEE ASSISTANCE	_____
SUPPLEMENTAL SECURITY INCOME (SSI)	_____
SOCIAL SECURITY DISABILITY INSURANCE (SSDI)	_____
SOCIAL SECURITY AWARD (SSA)	_____
RETIREMENT / PENSION	_____
WORKMAN'S COMPENSATION	_____
UNEMPLOYMENT COMPENSATION	_____
CHILD SUPPORT	_____
ALIMONY	_____
MONTHLY DIVIDENDS	_____
EMPLOYMENT	_____
OTHER INCOME IF NOT LISTED ABOVE	_____

**IF EMPLOYED, NAME AND PHONE # OF EMPLOYER _____

**** I DO AFFIRM TO THE BEST OF MY KNOWLEDGE THAT ALL THE ABOVE INFORMATION IS TRUE. IN ADDITION, I UNDERSTAND THAT MY SIGNITURE ON THIS APPLICATION GIVES PERMISSION TO THE FAIRFAX COUNTY COMMUNITY AND RECREATION SERVICES, TRANSPORTATION DIVISION TO MAKE CONTACT WITH OTHER HUMAN SERVICE RELATED AGENCIES FOR DETERMINING ELIGIBILITY FOR THE FASTRAN CRITICAL MEDICAL CARE PROGRAM.**

APPLICANT SIGNATURE

DATE