



Thank you for applying to Interlink!

After we receive your completed New Client Application and Volunteer Transportation Release (enclosed) we will evaluate them for eligibility and, once entered in our system, we will be in touch to begin scheduling your requests. Please allow 7-10 days for return delivery and processing.

If applying for membership, please include your first month's membership fee with your application.

If you would like to request a fee or fare waiver, please include a copy of your Medicaid Benefits card, SNAP Benefits card, or Medicaid/SSDI determination letter.

Interlink Services & Fees

1. **Point-to-Point Transportation - \$10/boarding (nonmember rate) OR \$5/boarding (member rate)**
 - a. Nonmembers must pay in advance or at the time of service.
 - b. Members may pay in advance, at the time of service, or receive monthly billing statements.
2. **ADA Access Ramp Installation - \$850/ramp. Only ONE ramp per household at this time.**
 - a. Permanent Wooden or Temporary Aluminum.
 - b. Payment due prior to installation.
 - c. Membership not required.
3. **In-Home Accessibility Modifications - \$20/service plus the cost of materials.**
 - a. Handrails, grab-bars, smoke alarm battery replacement, fall-prevention repair.
 - b. Payment due prior to installation.
 - c. Membership not required.

Member Rate & Benefits

\$20/month OR \$50/3-months on each calendar quarter payable by cash, check, or card for the following month.

- 50% discount on transportation services!
- Community Concierge Services – Need more services but can't find them? Our staff can help!
- *Coming January 2025!* FREE Copy of the Interlink Senior Social Directory!

Our Limitations

Interlink operates on the time and goodwill of local volunteers. Though we strive to assist all seniors and those with disabilities in the LC Valley and surrounding area, we cannot perform all activities or provide for every request. Common requests that cannot be fulfilled include wheel-chair transport, electrical and plumbing work, bathroom remodels, roofing, weatherization, AC repair, housekeeping, moving assistance, out-of-town transport, snow removal, and yard work.

Eligibility Requirements

Interlink provides transportation for adults over 60 and for adults younger than 60 who have disabilities that prevent them from driving or using public transportation. All transportation clients must be able to enter and exit a volunteer's personal vehicle without assistance.

Ramps are provided to adults with mobility disabilities within the Lewiston-Clarkston Valley. Clients are assessed for eligibility based on need, site limitations, volunteer availability, and ramp inventory.

Eligibility Restrictions

Interlink does not transport individuals under the age of 60 with disabilities that are not mobility affecting, such as obesity, anxiety/PTSD, and active addiction or alcoholism.

Interlink clients must have a stable address. We cannot serve people who are not living in their own homes.



KEEP FOR YOUR RECORDS

To request a ride, please call Interlink at **509-751-9143** during our business hours, 8:00 am – 4:00 pm, Monday – Thursday to speak with a staff member; please note that Interlink is closed on Fridays. To request a ride outside our hours you may leave a detailed message or send an email to **transportation@interlink-volunteers.org**. When contacting Interlink for a ride, you will need to know the date of your appointment, the time of your appointment, how long your appointment will last, and where you need to go. (Example: Feb 23, 9:00 am for one hour, CHAS clinic)

Your request must be called in no later than 2 full business days in advance. However, you can call in requests as much as 6 months in advance. More notice is better as it allows us more time to coordinate with volunteer drivers. Once we have the information for the ride it is put on the transportation calendar which is available to our drivers.

An Interlink staff member will contact you by 3:30 pm at least one business day before your ride and inform you of your ride and driver status. Because Interlink depends on volunteer drivers, who choose which rides to complete according to their own schedules, we cannot guarantee your ride.

| CALL THIS DAY | FOR RIDES ON THIS DAY |
|----------------------|---|
| Monday | Wednesday and beyond |
| Tuesday | Thursday and beyond |
| Wednesday | Friday, the following Monday and beyond |
| Thursday: | The following Tuesday and beyond |

How to Cancel a Ride

If you must cancel your scheduled transportation request, please call us at **509-751-9143** between the hours of 9:00am and 4:00 pm Monday through Thursday. If calling after hours, please leave a detailed voicemail message.

When you schedule your transportation request with the Interlink office, you are holding a space on our calendar that is no longer available to our other members. To be respectful of your fellow community members and our volunteer drivers, please call the Interlink office as soon as you know you will not be able to make your appointment.

If a cancellation is necessary, we require that you call at least one full business day in advance to avoid possible consequences and to allow another client access to that appointment time. Clients who frequently cancel rides without giving one full business days' notice may be suspended from receiving rides from Interlink for 3 or more months.

Grievance Procedure

Interlink is committed to providing reliable, safe, and satisfying transportation options for our elder community and those with disabilities. Users of Interlink services are the reason for our business and as such, their feedback is crucial to our growth and development. If you have an issue that the staff has not been able to resolve, please contact Interlink's Executive Director, Mark Havens, at 509-751-9143 or director@interlink-volunteers.org.

Frequently Asked Questions:

1. Can I get a ride to Spokane or Walla Walla? **No, Interlink does not offer long-distance or out-of-town travel.**
2. Does my COVID-19 vaccination status affect my eligibility? **No, however, some volunteers will not drive unvaccinated clients.**
3. Will I be able to bring my pet/service animal with me while riding with Interlink? **Yes, although it may limit which drivers volunteer to complete your request. If possible, pets should be confined to pet carriers.**
4. Can I bring a friend or family member with me when I ride with Interlink? **Only if they are current Interlink clients.**
5. How long does it take to fulfill a ramp request? **Typically, a ramp can be placed within 3 months, depending on several factors including ramp design, volunteer availability, material availability, and weather.**
6. How long does it take to fulfill a grab bar or railing request? **Grab bars and rails are generally installed within 2-3 weeks, depending on the availability of the materials and volunteers.**

New Client Application

ALL FIELDS ARE REQUIRED

NAME: **DATE OF BIRTH:**
STREET ADDRESS: **ARE YOU A VETERAN? YES NO**
CITY, STATE, ZIP **HOME PHONE:**
MAILING ADDRESS (If different): **CELL PHONE:**
CITY, STATE, ZIP: **EMAIL:**
MARITAL STATUES: MARRIED WIDOWED DIVORCED PARTNERED SINGLE OTHER
GENDER: FEMALE MALE OTHER **NUMBER OF PEOPLE LIVING IN YOUR HOME:**
LIVING SITUATION: ALONG ALONE, WITH ASSISTANCE WITH SPOUSE WITH FAMILY WITH FRIENDS
IN A GROUP HOME OR FACILITY OTHER
ARE YOU OVER 60 YEARS OF AGE? YES NO **ARE YOU DISABLED? YES NO**
IF YOU ARE UNDER 60, WHAT IS YOUR MOBILITY DISABILITY?
WHAT IS YOUR RACE: **ETHNICITY? HISPANIC NOT HISPANIC**
ARE YOU ON MEDICAID? YES NO **RECEIVE FOOD STAMPS? YES NO**
ARE YOU ON MEDICARE? YES NO **RECEIVE SOCIAL SECURITY DISABILITY? YES NO**
IF YOU ARE A MEMBER OF A CHURCH, WHICH CHURCH?

EMERGENCY CONTACT

NAME: **RELATIONSHIP TO CLIENT:**
ADDRESS: **PHONE:**
CITY, STATE, ZIP: **EMAIL:**

CLIENT ABILITY

DO YOU ACCESS THE INTERNET REGULARLY? YES NO
DO YOU RECEIVE VETERAN'S BENEFITS? YES NO
DOES YOUR HEALTH PREVENT YOU FROM DRIVING A VEHICLE? YES NO
CAN YOU ENTER AND EXIT A VEHICLE WITHOUT ASSISTANCE? YES NO
DO YOU USE A CANE, WALKER, OR WHEELCHAIR? CANE WALKER WHEELCHAIR NONE
CAN YOU USE THE BUS? YES NO **DOES THE BUS COME NEAR YOUR HOME? YES NO**
DO YOU OWN A VEHICLE: YES NO

WHAT SERVICES ARE YOU APPLYING FOR?

TRANSPORTATION TO MEDICAL APPOINTMENTS, GROCERY STORE, ETC.:
PREFERED VEHICLE SIZE: SMALL MEDIUM LARGE NO PICKUPS ANY VEHICLE
GROCERY DELIVERY: **ADA ACCESS RAMP:**
IN HOME MINOR SAFETY MODIFICATIONS: HANDRAIL GRAB BAR OTHER
HOW DID YOU HEAR ABOUT INTERLINK?

Client Health

PLEASE INDICATE CURRENT HEALTH ISSUES

INCONTINENCE: BLADDER BOWEL OTHER:
VISION IMPAIRED: GLASSES BLINDNESS OTHER:
BONE/ORTHOPEDIC DISORDER: OSTEOPOROSIS ARTHRITIS OTHER:
HEARING: HEARING AIDES HARD OF HEARING DEAFNESS OTHER:
COGNITIVE: MEMORY LOSS DEMENTIA ALZHEIMER'S OTHER:
DEVELOPMENTAL DISABILITY: INTELLECTUAL DISABILITY TBI OTHER:
RENAL CONDITION: DIABETES CHRONIC KIDNEY DISEASE OTHER:
HEART CONDITION: ARRHYTHMIA HEART FAILURE OTHER:
HYGIENE/SELF-CARE CONCERNS:
LARGE/OBESE PERSON:
MENTAL/PSYCHOLOGICAL DISABILITY: BIPOLAR DISORDER SCHIZOPHRENIA OTHER:
NEUROLOGICAL DISORDER: PARKINSON'S BRAIN TUMORS OTHER:
RESPIRATORY CONDITION: ASTHMA COPD OTHER:
SEIZURES: EPILEPSY OTHER:
BALANCE DISORDER: DIZZINESS VERTIGO OTHER:
DO YOU SMOKE: TOBACCO MARIJUANA (WASHINGTON CLIENTS ONLY)
ANY OTHER HEALTH ISSUES: DESCRIBE

ADDITIONAL SERVICES YOU USE

DIAL-A-RIDE: COAST: HOSPICE: HOME HEALTH CARE SERVICES:

ADDITIONAL HOUSEHOLD INFORMATION

DO YOU OWN OR RENT YOUR HOME? OWN RENT OTHER
WHAT TYPE OF HOME? STICK-FRAME CONDO/APARTMENT FACILITY HOTEL/MOTEL
 MANUFACTURED HOME/TRAILER **DO YOU OWN OR RENT YOUR SPACE?** OWN RENT OTHER
DO YOU LIVE IN ANOTHER'S HOME AS AN ADULT DEPENDENT? YES NO

INCOME

Interlink uses this information to help better understand the community we serve and for grants/funding that is income based.

PERSONAL GROSS ANNUAL INCOME: <\$9,999 \$10K-\$15K \$15K-\$20K \$20K-\$35K
 \$35-\$50K \$50K-\$75K \$75k+
HOUSEHOLD GROSS ANNUAL INCOME (IF DIFFERENT): <\$9,999 \$10K-\$15K \$15K-\$20K
 \$20K-\$35K \$35-\$50K \$50K-\$75K \$75k+

COVID-19 VACCINATION

INTERLINK DOES NOT DISCRIMINATE BASED ON VACCINATION STATUS, BUT REFUSAL TO PROVIDE THIS INFORMATION WILL FORCE INTERLINK TO ENTER YOUR STATUS AS NOT VACCINATED POTENTIALLY LIMITING YOUR SERVICE.

VACCINATED AGAINST COVID-19: YES NO

By signing this form, I affirm that the information contained in this form is true and accurate to the best of my knowledge. If it is discovered that the information provided is false or inaccurate, I understand that I may be barred from Interlink's services for a period of time decided by the Interlink Board of Directors.

SIGNED:

DATE:

TRANSPORTATION RELEASE

Both Rider Release and Rider Attestation MUST be signed to receive transportation services from Interlink.

PRINT NAME:

Rider Release

The undersigned assumes all reasonable risks involved in this service. I know that the driver is a volunteer and bears no responsibility for my health beyond safe point-to-point transportation. I know the driver Does Not Have first aid and CPR training. I also know the driver Does Not Have special training in passenger assistance techniques.

The undersigned understands and expressly assumes all the dangers of the service. The undersigned waives all claims arising out of the transport whether caused by negligence, breach of contract or otherwise, and whether for bodily injury, property damage or loss or otherwise, that I may ever have against Interlink, its successors and assigns, and its officers, directors, agents (e.g., volunteers), and employees, and their executors, administrators, and heirs.

SIGNED:

DATE:

Rider Attestation:

There is no reason or condition that may cause the above-named person difficulty during transit. The rider can enter and exit a vehicle under their own power. The rider may be transported in a sitting position in a private auto. Related to Interlink's volunteer transportation service, I hereby waive all claims, that I may ever have against the Interlink, its successors and assigns, and its officers, directors, employees, and agents (e.g., volunteers), and their heirs, executors, and administrators.

SIGNED:

DATE:

Member Enrollment Form

MEMBER NAME:
STREET ADDRESS:
CITY, STATE, ZIP:

DATE OF BIRTH:
PHONE:
EMAIL:

If this membership is being paid by someone other than the member, please enter their information here.

PAYEE NAME:
STREET ADDRESS:
CITY, STATE, ZIP:

PHONE:
EMAIL:

PAYMENT METHOD:

CREDIT CARD.....ONLINE.....CHECK

CONSIDER AUTOMATIC BILL PAY THROUGH YOUR BANK!

For Credit Card, Debit Card, and other electronic payments please follow the
“PayPal; Subscription” links on our website-

www.interlinkvolunteers.org

If you have questions or would like a direct link sent to you,
please contact the Interlink office at 509-751-9143.

Send Check Payments To:

Interlink, Inc.
549 5th Street, Suite E,
Clarkston, WA 99403

Interlink Client Fee Waiver Application

To request a fee waiver (subsidy), please fill out and return this form along with copies of at least one of the following items:

1. State Medicaid card
2. State SNAP card
3. Medicaid or SSDI determination letter
4. Proof of Washington State Residency

I, _____, (Print First & Last Name)
am requesting a sponsorship, voucher, or waiver for the following: (please mark clearly)

Monthly Membership Fee for three months (Value: \$50)

Ride Fares – maximum of 3 boardings per week for 3 months (Value up to \$120)

ADA Access Ramp (Value: \$850)

In-home Accessibility Modification (grab bars, railings, etc.) (Value: \$100)

- I understand that fee vouchers are dependent on donations from generous community members and organizations and such funds for vouchers are not always available.
- I understand that these funds are limited and disbursed on a first-come first-served basis.
- I understand that submitting this form is not a guarantee of a voucher and that if I receive services from Interlink without receiving a voucher, I will be responsible for any fees or costs associated with those services.
- I understand that vouchers are limited and are not expected to be granted permanently or for all service requests.
- I understand that I will need to reapply for a fee waiver/voucher every 3 months.
- I understand that if it is discovered that the information provided herein is false or inaccurate, I understand that I may be barred from Interlink's services for a period of time decided by the Interlink Board of Directors.

Your name (signature):

On behalf of (client name):

Date:

The Waiver/Voucher Fund for Asotin County Transportation is already partially funded to subsidize qualifying Asotin County applicants