



AMERICAN PARKINSON DISEASE ASSOCIATION, NORTHWEST CHAPTER

APDA RIDE REPAY

How Does it Work?

Use the transportation provider of your choice, and APDA will reimburse you up to \$300 per year, in \$100 increments, for eligible expenses such as taxi, bus, ferry, rail, and gasoline.

What Can I Use it For?

Use APDA Ride Repay to go to a doctor's appointment or support group, visit a friend, see a movie, and more. There are no limitations on the purpose for your travel.

How Do I Apply?

Complete our short application, which requires a healthcare provider's signature, and return it by mail, e-mail, or fax. Once approved, you can submit your receipts for reimbursement.

Who is eligible?

Eligible to residents of Washington State who have a diagnosis of Parkinson's disease, who are no longer driving or driving is significantly limited, and getting out of the house would otherwise be a financial hardship.

Scholarships are available on a limited basis

Contact us for more information or to receive an application



**AMERICAN
PARKINSON DISEASE
ASSOCIATION**
NORTHWEST CHAPTER

Strength in optimism. Hope in progress.

180 Nickerson Street, Suite 108
Seattle, WA 98109

PH: 206-695-2905 Fax: 206-455-8980

Email: apdanw@apdaparkinson.org

www.apdaparkinson.org/northwest

APDA RIDE REPAY

Examples of reimbursable expenses:

- Bus fare
- Applying funds to Orca card (or other regional bus account)
- Gasoline receipt (use cash or a credit card in your name)
- Train fare
- Parking
- Ferry transportation
- Uber, Lyft or similar
- Ambulance
- Senior Housing / Assisted Living transportation charges for van/bus service

Examples of expenses that will NOT be reimbursed:

- Mileage
- Out-of-state expenses
- Air fare
- Gas receipt or transportation receipt with cardholder/payee **other** than the Ride Repay participant/spouse
- Payment to a companion care agency, caregiver or friend for labor/time

RECEIPTS MUST BE SUBMITTED FOR REIMBURSEMENT

We will **not** accept a check copy, credit card statement or check stub as proof of payment.

NOTE: because we can only reimburse in \$100 increments, it is advisable not to wait until the end of the year to submit your receipts. For example, if you submit \$300 in receipts after December 12, only \$100 will apply to 2018, the remaining \$200 will apply to 2019 benefits.



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Name	_____
Address	_____ _____
Phone Number	_____
Email address	_____
Date of Birth	_____
Year of Diagnosis	_____

APDA RIDE REPAY - APPLICATION

Participant Consent:

I am no longer driving, or my driving is significantly limited, due to the effects of my Parkinson's disease and/or the medications I am taking to treat my Parkinson's disease.

Without the assistance of APDA, I could not meet my current transportation needs. I will use the funds provided by APDA exclusively for transportation expenses. I understand that any transportation costs incurred beyond my \$300 annual benefit will become my sole responsibility.

On behalf of myself, my heirs, successors, and assigns, I hereby forever release, indemnify, and hold the APDA, its officers, directors, employees, and agents, harmless from and against any and all injuries, deaths, claims, liabilities, losses, damages, costs, and expenses arising from or in any way related to, my participation in this program. I intend this release to be effective, regardless of whether the claim of liability is asserted in negligence, strict liability in tort, or other theory of recovery.

Patient Printed Name

Signature

Date

Provider/Physician:

The above-named Participant is currently under my care and has a diagnosis of Parkinson Disease.

Provider/Physician Printed Name

Provider/Physician Signature

Date

Return Application
Email: apdanw@apdaparkinson.org
Fax: 206-455-8980
Mail: 180 Nickerson St, Ste 108
Seattle, WA 98109

Questions? (206) 695-2905 / apdanw@apdaparkinson.org

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*This application is private and intended for the use of APDA and affiliates only.
No information will be reported to the WA State Dept of Licensing or related agencies.*