apda AMERICAN PARKINSON DISEASE ASSOCIATION
WISCONSIN CHAPTER
Strength in optimism. Hope in progress.

APDA RIDE REPAY 2019

Thank you for your interest in APDA RIDE REPAY!

Ride Repay is our transportation assistance program where APDA will reimburse you for up to $300 in annual travel expenses. In order to qualify, you must no longer be driving, or your driving is significantly limited, due to the effects of Parkinson Disease or the medications you are taking to treat your PD.

Under APDA Ride Repay, you decide which transportation method works best in your situation, so you can take a cab, ride the bus, put some gas in a caregiver/driver's gas tank…the choice is yours. We will reimburse for transportation-related expenses, such as for taxi, bus, rail, gas and ferry.

Enclosed is an application which requires a signature from you and your doctor. Once we have received your completed application, you will be enrolled in the program and we will send you a reimbursement form to submit your receipts.

For those unable to advance the first $100 in transportation costs, we are providing one-time scholarships. Just call (608) 345-7938 to apply.

Questions? Call (608) 345-7938 or email
apdawi@apdaparkinson.org

Examples of reimbursable expenses:

- Bus fare
- Gasoline receipt (use cash or a credit card **in your name**)
- Parking
- 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 and must be dated after application has been approved.

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

Questions about specific transportation expenses? Call us at (608) 345-7938 or email us at apdawi@apdaparkinson.org.

AMERICAN PARKINSON DISEASE ASSOCIATION
WISCONSIN CHAPTER
Strength in optimism. Hope in progress.

APDA RIDE REPAY 2019

Name ____

Mailing Address ____

Phone Number _______________________________________

Email Address ______________________________Date of Birth _______________________

Year of Diagnosis _______________________________________

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.

____
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 completed application by mail or email: apdawi@apdaparkinson.org
5900 Monona Drive, Suite 407, Monona, WI 53716