

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. We have also enclosed a flyer which tells a little more about the program. 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.

**Questions? Call (608) 345-7938 or email  
[apdawi@apdaparkinson.org](mailto:apdawi@apdaparkinson.org)**

## APDA RIDE REPAY

### 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

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](mailto:apdawi@apdaparkinson.org).

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# APDA RIDE REPAY - Application

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## American Parkinson Disease Association

Wisconsin Chapter

5900 Monona Drive, Suite 407

Monona WI 53716

[www.apdaparkinson.org/wisconsin](http://www.apdaparkinson.org/wisconsin)

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_

Email address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Year of Diagnosis \_\_\_\_\_

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### 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

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### 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  
**5900 Monona Drive, Suite 407**  
**Monona, WI 53716**  
[apdawi@apdaparkinson.org](mailto:apdawi@apdaparkinson.org)

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**Questions? (608) 345-7938 / [apdawi@apdaparkinson.org](mailto:apdawi@apdaparkinson.org)**

Scholarships are available on a limited basis. Please contact us for more information.