



Aging Matters (AAA) Transportation Program

The Aging Matters (AAA) Transportation Program is funded, in part, by the Southeast Missouri Area Agency on Aging d.b.a. Aging Matters through a federal grant by the Missouri Department of Health and Senior Services, Division of Health and Senior Services, under the provision of Title III, Older Americans Act of 1965, as amended. This program assists clients in making “life needs” trips with CGCTA’s demand-responsive service. Transportation services include trips to doctor appointments, pharmacies, grocery stores, senior centers, banks, etc., in Cape Girardeau County.

Each client is limited to one round-trip per day. If the client uses more than this number of trips per day and does not qualify for any other program offered by CGCTA, the client will have to pay the regular rate for the demand-responsive services. Program availability is subject to change at any time.

CGCTA makes one trip to St. Louis on the third Tuesday of each month. If you require transportation to St. Louis for a doctor’s appointment, please call 573-335-5533, option 0, at least four days in advance to schedule your ride. Riders must be prepared to be in the vehicle all day. This service is provided as a group. All riders go together and return home together.

To qualify for the Aging Matters (AAA) Program, you must meet one of the following requirements:

- The client must be 60 or older.
- The client must be between the ages of 18 and 59 with a verifiable disability.

Clients must complete a client registration form and submit it to CGCTA to be considered for the program.

Client registration forms can be dropped off or mailed to:

Cape Girardeau County Transit Authority
49 N Leming Ln
Cape Girardeau, MO 63701

Clients can also contact the CGCTA Office during normal business hours.

Monday through Friday, 8 a.m. to 4 p.m. Phone 573-335-5533, option 0

Transportation services are available:

Monday through Saturday 5 a.m. to 10 p.m.

Sunday 5 a.m. to 5 p.m.

Any client approved to use this program is asked to make a contribution. The suggested contribution is \$3 within Cape Girardeau or Jackson and \$6 within Cape Girardeau County. Clients will not be refused transportation if they do not make a contribution.

CLIENT REGISTRATION FORM

Please complete the entire form.

FIRST NAME: _____ MIDDLE NAME: _____

LAST NAME: _____

Male: ☐ Female: ☐

NICKNAME: _____

Special Needs: (please circle)

DATE OF BIRTH: _____ AGE: _____

Wheelchair Blind

Cane Hearing Impaired

SSN: _____ RACE: _____

Walker Needs extra assistance

Other: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____

EMERGENCY CONTACT: _____ PHONE: _____

The information in this document is complete and accurate to the best of my knowledge.

Client Signature: _____ Date: _____

Print Name: _____

CGCTA Use Only:

Approved By: _____ Date: _____