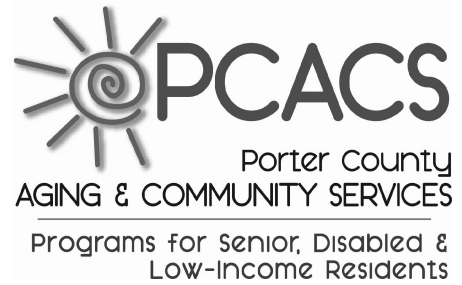


Subsidized Transportation Form



*Alternate / accessible formats available
Assistance completing this form available upon request*

Name _____

Street Address _____ City _____ Zip _____

Telephone Number _____ Date _____

Date of birth - you must be 60 or older (mm/dd/yyyy) _____

Disabled _____ yes _____ no

Reason for requesting subsidy

Approximate number of rides needed per month

_____ Senior Centers _____ Grocery Stores _____ Doctors
_____ Pharmacies _____ Banks _____ Welfare
_____ Other

◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ **OFFICE USE ONLY** ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆

Approved for _____ number of rides per month

Approved for all non Medicaid rides at no cost

Subsidy denied / _____

Approved by

_____ Date _____

Executive Director