

R&D Transportation Services Travel Training Application

STATUS: Unrestricted Restricted Pending Denied Temporary

TRANSIT ID # _____ NAME: _____ M F

TELEPHONE #: _____ ADDRESS: _____

CONTACT (if other than client): _____ PREFERRED LANGUAGE: _____

DESTINATION: _____

DO YOU TRAVEL WITH A PCA (PERSONAL CARE ASSISTANT)? YES NO

LIVING SITUATION: INDEPENDENTLY FAMILY CAREGIVER GROUP HOME

DIAGNOSIS/DISABILITY: _____

MOBILITY: AMBULATORY WALKER CANE CRUTCHES WHEELCHAIR

WHEELCHAIR: MANUAL ELECTRIC OVERSIZED REQUIRES ATTENDANT

SPEECH: NON-VERBAL BASIC MODERATE GOOD

AUDITORY: HEARING IMPAIRED DEAF SIGHT: IMPAIRED BLIND

SEIZURES: NO YES, DURATION and FREQUENCY: _____

ARE YOU ABLE TO USE PUBLIC TRANSIT (BUS/TRAIN) ON YOUR OWN?

ALL THE TIME MOST OF THE TIME SOMETIMES NEVER

DO YOU THINK YOU WOULD USE THE BUS/TRAIN IF WE TEACH YOU?

ALL THE TIME MOST OF THE TIME SOMETIMES NEVER

ARE YOU CURRENTLY USING THE BUS/TRAIN AT LEAST TWICE A WEEK?

ALL THE TIME MOST OF THE TIME SOMETIMES NEVER

AFTER TRAINING WOULD YOU USE THE BUS/TRAIN AT LEAST TWO TIMES A WEEK?

ALL THE TIME MOST OF THE TIME SOMETIMES NEVER

FOR OFFICE USE ONLY/ COMMENTS: _____ DATE: _____

RECEIVED FLYER

YES NO



TRANSPORTATION SERVICES - Travel Training

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