



San Joaquin RTD
PO Box 201010
Stockton, CA 95201

Referral Process for Travel Training Program

San Joaquin Regional Transit District (RTD) is pleased to offer Travel Training for Stockton residents. RTD is teaming with Paratransit, Inc. the national leader in Mobility/Travel Training to bring their 30 years of travel training experience to Stockton. RTD's Travel Training program is funded through a Job Access Reverse Commute (JARC) 5316 grant.

Travel Training is designed to offer trainees one-on-one instruction on how to use fixed route public transportation in an effort to gain independence and increase mobility options.

Due to funding requirements, RTD limits eligibility to individuals who meet the following criteria:

- Must be a Stockton resident
- Must be going to work, actively seeking employment, or desire gainful employment, or
- Must be attending, or desire to attend, a program that teaches job skills or education (including educational institutions, e.g. college)

If you, or someone you know, are interested in receiving Travel Training and meet the eligibility criteria, please complete a referral form and return it to:

Mail:

San Joaquin RTD, Mobility
PO Box 201010
Stockton, CA 95201

In Person:

Downtown Transit Center (209) 982-1679
421 E. Weber Avenue
Stockton, CA 95202

Fax:

Attention: Mobility
Email: jbristow@sanjoaquinrtd.com

If you have any questions, please call Julie Bristow at (209) 955-8432, or Jean Foletta at (209) 955-8433.



Trainer _____ Date _____

REFERRAL FOR MOBILITY TRAINING

DATE OF REFERRAL: _____

TRAINEE NAME: _____ PHONE: _____

APT. COMPLEX OR CARE HOME: _____

HOME ADDRESS: _____ ZIP: _____

MALE: FEMALE: AGE: _____ BIRTHDATE: _____

LEGAL GUARDIAN (if applicable) _____ PHONE: (H) _____

Public Conservator (W) _____

EMERGENCY CONTACT: _____ PHONE: (H) _____

RELATIONSHIP: _____ (W) _____

IS TRAINING FOR: SPECIFIC ROUTE: GENERAL USE:

DESTINATION: _____ PHONE: _____

ADDRESS: _____

CONTACT PERSON: _____ PHONE: _____

HOURS OF ATTENDANCE: _____ START DATE: _____

DAYS OF ATTENDANCE: _____

DOES TRAINEE HAVE A BUS PASS? YES NO

ORGANIZATION MAKING REFERRAL: _____

PERSON MAKING REFERRAL _____ PHONE: _____ EXT. _____

EMAIL: _____ PREFERENCE: PHONE EMAIL

Please describe trainee's abilities and disabilities, include any medical considerations, social/behavioral problems; communication difficulties and cognitive abilities.