



San Joaquin RTD
PO Box 201010
Stockton, CA 95201

Referral Process for Travel Training Program

The San Joaquin Regional Transit District (RTD) is pleased to offer free Travel Training within RTD's service area. RTD is teaming with Paratransit, Inc., the national leader in Travel Training, to bring their 35 years of travel training experience to Stockton. RTD's Travel Training Program is funded through the FTA 5317 New Freedom (NF) grant.

Travel Training is designed to offer senior citizens, low income residents and people with disabilities one-on-one instruction on how to use fixed route public transportation in an effort to gain independence and increase mobility options.

Enjoy your new freedom. Travel to:

- Work or school
- Medical appointments
- Recreational programs
- Senior Centers
- The grocery store or the mall
- Visit friends and relatives
- Church
- Restaurants

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

Mail:

San Joaquin RTD, Mobility Dep.
PO BOX 201010
Stockton, CA 95201

In Person:

Downtown Transit Center
421 E Weber Ave
Stockton, CA 95202

Fax:

(209) 948-3024
Attention: Mobility Department
Email: jmoser@sanjoaquinrtd.com

If you have any other questions please call the Travel Training Department at (209) 467-6659.



REFERRAL FOR TRAVEL 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) _____

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:

DOES TRAINEE HAVE DISCOUNT FARE CARD? YES: NO:

IF NO, IS TRAINEE INTERESTED IN APPLYING FOR A DISCOUNT FARE CARD? YES: NO:

ORGANIZATION MAKING REFERRAL: _____

PERSON MAKING REFERRAL: _____ PHONE: _____ EXT. _____

PLEASE DESCRIBE TRAINEE'S ABILITIES AND DISABILITIES (Check all that apply):

MEMORY PROBLEMS: SHORT TERM: LONG TERM: COMMUNICATION DIFFICULTIES:

SOCIAL/BEHAVIORAL PROBLEMS: DIFFICULTIES FOLLOWING INSTRUCTIONS:

SEIZURES: CONTROLLED: UNCONTROLLED: N/A:

MOBILITY DEVICE: YES: NO: IF YES, LIST MOBILITY DEVICE USED: _____

MEDICATIONS: YES: NO: IF YES, LIST MEDICATIONS USED: _____

ADDITIONAL COMMENTS: _____
