Travel Training Referral Form

Section 1: Trainee Information			
Name:		Referral Date:	
Street Address:			
City, State, Zip code:			
Phone:		Email:	
Date of Birth:	Age:	Male ☐	Female ☐
Legal Guardian Information			
Name:		Phone:	
Emergency Contact Information			
Name:		Relationship:	
Address:			
City, State, Zip code:		Phone:	
Section 2:			
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 a Discount Fare Card (DFC)? yes ☐ no ☐			
If not, is trainee interested in applying for a DFC? yes ☐ no ☐			
Section 3: Trainee's abilities and disabilities			
Memory Problem: Short term ☐	Long term ☐	Communication difficulties ☑	
Social/behavioral problems ☑	Difficulties following instructions ☑		
Seizures: Uncontolled ☐	Controlled ☐	N/A ☐	
Mobility Aids (check all that apply): None ☑	Cane ☑	Walker ☑	Manual Wheelchair ☑
Service Animal ☑	Oxygen ☑	Power Wheelchair ☑	Power Scooter ☑ Other ☐
Medications: yes ☐ no ☑ If yes, list medications used?			
Additional comments:			
Organization Making Referral			
Organization Name:			
Employee Name:		Phone:	