

TRAVEL TRAINING APPLICATION

NAME:

TRANSIT ID:

DATE:

TELEPHONE NUMBER:

PREFERRED LANGUAGE:

D.O.B.

MALE

FEMALE

ADDRESS :

CITY:

STATE:

ZIP CODE:

LIVING SITUATION:

INDEPENDENTLY

FAMILY

CAREGIVER

GROUP HOME

DIAGNOSIS/*DISABILITY*:

DESTINATION:

EMERGENCY CONTACT:

EMERGENCY CONTACT PHONE NUMBER:

HAVE YOU EVER RECEIVED TRAVEL TRAINING BEFORE? NO YES

IF YES, BY WHAT AGENCY?

MOBILITY: AMBULATORY WALKER CANE CRUTCHES WHEELCHAIR

IF USING A WHEELCHAIR: MANUAL ELECTRIC REQUIRES ATTENDANT

SPEECH: GOOD LIMITED NON-VERBAL

HEARING: GOOD IMPAIRED DEAF

SIGHT: GOOD IMPAIRED BLIND

SEIZURES: NO YES

DURATION and FREQUENCY:

Travel Training

4036 Adolfo Rd. Camarillo, CA, 93012

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FAX:(866)529-6102

Email to: info@mobilitymp.org or visitmobilitymp.net

