

Eligibility Application

First Name	<input type="text"/>	MI	<input type="text"/>	Last Name	<input type="text"/>
Phone No.	<input type="text"/>	Address		Mailing Address	
Phone Ext	<input type="text"/>	<input type="text"/>		<input type="text"/>	
Cell Phone	<input type="text"/>	<input type="text"/>		<input type="text"/>	
Birth Date	<input type="text"/>	<input type="text"/>		<input type="text"/>	
Age	<input type="text"/>	Living With	<input type="text"/>		
		Is Caregiver	<input type="text"/>	Type	<input type="text"/>

How applicant heard about program?

Is applicant able to drive? Why not?

Does family drive? Why not?

Self-described health problems:

How applicant says health problems affect daily life:

Have health problems been verified by doctor(s)?

Updated physician's verification required?

What are all of purposes and destinations of needed travel each month?

How applicant traveled last month?

Eligibility Application

Doctors / medical travel	Where?	Why?	How often?
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Number of times applicant traveled for any purpose last month:

Do you use

public transportation? Why not?

public demand-response van? Why not?

Volunteer driver situation:

Has unrelated driver Who?

Additional applicant comments:

Respondent's name and relationship, if other than applicant:

Information taken by: Date: Sent to applicant for review on:

Please return completed form to TRIP@VVTA.ORG