



Non-Emergency Medical and Leisure Transportation

### Primary Contact Information

Name:

Email:

Phone Number:

### Passenger Information

Name:

Address:

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Age Range: Under 18 \_\_\_\_ 18-34 \_\_\_\_ 35-64 \_\_\_\_ Over 65 \_\_\_\_

Gender (optional): \_\_\_\_\_

### Responsible Payee Information

Name:

Address:

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

## Journey Information

Single Trip \_\_\_\_ **OR** Round Trip\_\_\_\_\_

Date of Appointment:

Time of Appointment:

Requested Pick Up Time:

Pick Up Address:

City\_\_\_\_\_ State\_\_\_\_\_ Zip Code \_\_\_\_\_

Drop Off Address:

City\_\_\_\_\_ State\_\_\_\_\_ Zip Code \_\_\_\_\_

## Additional Accommodations and Details

Escort Needed? Yes \_\_\_\_ No \_\_\_\_

Name of Escort (one guest permitted):

\_\_\_\_\_

Will the passenger need assistance at the front door at either destination? Yes \_\_\_\_ No \_\_\_\_

Will the passenger need the driver to wait? (**Note additional wait rate- \$20 per 30 minutes**) Yes\_\_\_\_ No \_\_\_\_

Will the passenger journey require a Transit Adventure attendant to accompany the driver? (**Note additional rate for attendant-\$10 weekday; \$20 weekend/holiday**) Yes \_\_\_\_ No\_\_\_\_

Additional journey details that will enable a successful experience: