



Travel Training Application

Name: _____ Rider 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: _____

What is your destination? Medical Recreation Job Related Other

If you chose "other", please explain: _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone Number: _____

Have you ever received travel training before? Yes No

Have you taken Orientation and Mobility (O&M) Training in the past?

Yes No If yes, date: _____

When traveling does an attendant (PCA) accompany you? Yes No

Mobility: Ambulatory Walker Cane Crutches Wheelchair

Wheelchair: Manual Power Oversized

Speech: Good Basic Non-Verbal

Hearing: Good Impaired Deaf

Sight: Good Impaired Blind

Seizures: Yes No Duration and frequency: _____



For Office Use Only

Verification required by Mobility Coordinator

Referral received from: MTM Outreach Phone-in Friend Riders List GTT Class
 ACCESS Referral Email Fax Website Mail

Date Referral received in office: _____ Confirmation date of items listed below: _____

Upon completion of initial verification (please initial each item listed below):

RIDER ID#: _____ Participant Name: _____ Address: _____ Phone number: _____

Emergency Contact Information: _____

Upon completion of final verification (please initial each item listed below):

Unconditional Conditional Temporary Not Eligible Pending

Expiration Date: _____ Verification Date: _____ Initials: _____

Notes: _____



Travel Training Aplicación

Nombre: _____ Numeró De Transporte: _____

Fecha: _____ Número De Telefono: _____

Idioma Preferido: _____ Año de Nacimiento _____

Hombre Mujer

Dirección: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Usted Vive: Independientemente Con Familia Con Proveedor De Atencion Hogar Grupal

Diagnostico Medico/Disabilidad: _____

Es destino relacionado con? Medico Recreativo Trabajo

Ir a Compras Otro

Si "otro" por favor explique: _____

Contacto De Emergencia: _____ Relación con usted: _____

Número de Telefono: _____

¿Ha participado en instrucción de transporte público? Si No

¿Has tomado cursos de Orientación y Movilidad (O & M) en el pasado?

Si No En caso que si, Fecha: _____

Cuando viajas, ¿te acompaña una asistente (PCA)? Si No

Movilidad: Ambulante Andador Baston Muletas Silla De Ruedas

Silla de Rueda: Manual Electrica Sobrepeso Requiere Attendiente

Speech: Good Basic No Verbal

Auditivo: Discapacidad Sordo/A Sordo Mudo

Vista: Discapacidad Ciego/A Ciego(A)

Ataques: Si No Duracion y Frecuencia: _____



Solamente por Oficina

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