

Los Angeles County 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 NAME: _____

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: _____

FOR OFFICE USE ONLY

UNCONDITIONAL CONDITIONAL TEMPORARY NOT ELIGIBLE PENDING

COMMENTS: _____



Travel Training

4036 Adolfo Rd., Camarillo, CA, 93012 · Tel: (888) 667-7003 · FAX: (866) 529-6102

Email to info@mobilitymp.org or visit mobilitymp.net