

# CENTER FOR SELF ADVOCACY, INC.

“We help people with developmental disabilities work and advocate within their community and have an independent and productive lifestyle.”

## Application to the Peer to Peer Transportation Program

### I. Background Information

Last Name

First Name

Middle Initial

Address: *(City, State, Zip)*

Telephone:

Email:

Date of Birth:

Gender Identity:

Self-Identify: Do you have a disability? **Circle One: Yes or No.** If yes, you may choose to explain below.

Do you need any accommodations to receive emails or mailings from The Center For Self Advocacy, Inc.? If yes, what? (Ex. Braille, large print, etc.)

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Do you receive Medicaid Service Coordination to help you with transportation and other goals? If Yes, please provide their contact information Below.

MSC Name: Telephone : Agency:

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## **II. Transportation History and Goals**

How do you travel in the community currently? Explain what you use for transportation. (Eg. Family, friends, agency transport, etc.)

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Do you have any medical concerns that sometimes affect your ability to travel, and/or require emergency medical attention? If yes: please explain:

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Do you require a Service Animal for Travel? If yes, what kind?

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Is it your goal to learn to travel independently using available transportation services? If Yes, circle all that apply to you:

**NFTA Metro Bus**

**Paratransit Access Line (PAL)**

**Taxi**

**Medical Transport**

**Other**

If you indicated Other, Please list the service and type of transport you wish to learn to use below.

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Are you employed? If Yes, is it full time or part time?

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If not employed, do you otherwise attend school, training or Dayhab program?

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**Please Give Schedule Availability:** (circle all that apply)

<b>Mon.</b>	<b>Tues.</b>	<b>Weds.</b>	<b>Thurs.</b>	<b>Fri.</b>	<b>Sat.</b>	<b>Sun.</b>
<b>Morning</b>	<b>Early Afternoon</b>	<b>Late Afternoon</b>	<b>Evening</b>			

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Please explain anything specific to your schedule that may affect your best times for participation? This question is used to help develop the best possible schedule for you.

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**Additional: Comments (Optional):**

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**Applicant Signature:**

**Date:**

**Reviewed by:**

