



Getting you where you need to go.

Guilford County Transportation And Mobility Services

301 W. Market Street
Greensboro, North Carolina 27401
Phone (336) 641-4848 Fax (336) 272-4446

Education, Medical and General Transportation Eligibility Form

(Includes persons attending Adult Day Care that are under 60 years of age)

There may be is a fare of \$1.60 one way for these trips.

- Please Print.
- Complete a separate application for each individual requesting service.
- The application can be completed by the person receiving the service or a caregiver.
- The information you provide will not be distributed to anyone not associated with the transit system.
- Processing takes one to two days. Once processed, you will be contacted.

First we need the Name and Address of the person receiving the transportation service:

First Name _____ MI _____ Last Name _____

Address _____ City _____ Zip Code _____

(Note: You are not eligible for transportation services if you live within the city limits of Greensboro or High Point.)

Home Phone # (____) ____-____ Work Phone # (____) ____-____ Mobile Phone # (____) ____-____

Date of Birth (month/day/year) ____ / ____ / ____

If your address is a group home or other named facility/location (i.e. an apartment complex), please write the name below.

Secondly we need the names of two people and/or agencies that we may contact in the event of an emergency:

Please check if the person listed below is the principal contact instead of the person requesting the service.

Name _____ Relationship to applicant: _____

Home Phone # (____) ____-____ Work Phone # (____) ____-____ Mobile Phone # (____) ____-____

Name _____ Relationship to applicant: _____

Home Phone # (____) ____-____ Work Phone # (____) ____-____ Mobile Phone # (____) ____-____

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In order to make an accurate evaluation of your transportation needs and to make the service valuable to you, we need to know the following:

Does the person requesting the service have a physical or mental impairment that substantially limits one or more major life activities?

Yes No If yes, please briefly describe the impairment: _____

Does the person requesting the service use a...

Walker Wheelchair Electric Wheelchair Motorized Scooter Oxygen Tank

Will the person requesting the service usually be traveling... alone with children

with a companion/personal care assistant with a seeing eye or guide dog.

Does someone need to be at home when transportation drops the person off at home? Yes No

What will be the purpose of the trip? (you may check more than one)

Medical (not a Medicaid recipient or less than 60 years old) Adult Day Care (less than 60 years old) Education Shopping/Personal/Recreational

Information Verification:

I certify that the above information, which my agency or I have provided, is true and correct. I understand that if this application is approved, I must abide by the rules and regulations set forth by the Guilford County Transportation and Mobility Services.

Signature of person requesting service or caregiver

Date

**** Please note that if you are 60 years of age or older, receive Medicaid and or will be taking an employment trip you need to complete a different eligibility form.****

Transportation Authorization: (to be completed by Guilford County Transportation and Mobility Services Staff)

Service Provided

Bus Passes GTA Hitran PART

Transportation MV ACTA

Funding Source

ED/TAP RGP

Fare Required

Authorized by:

County Transportation Staff

Date



"Dedicated to quality, customer-oriented transit services."