

**REFERRAL**

REFERRAL:			
			Date:
Name:			
Date of birth:	Phone:	Mobile:	
Address 1:			
Address 2:			
City:	State:	ZIP Code:	
Gender:		Race/Ethnicity:	
Primary Language:	Conserved:	YES	NO

REFERRAL CONTACT:		
Name:		
Relationship:		
Agency:		
Primary Phone:	Secondary Phone:	
Address 1:		
Address 2:		
City:	State:	Zip Code:

EMERGENCY CONTACT:		
Same as above: <input type="checkbox"/>		
Name:		
Relationship:		
Agency:		
Primary Phone:	Secondary Phone:	
Address 1:		
Address 2:		
City:	State:	Zip Code:

GENERAL TRAVEL INFORMATION:	
Please list specific place(s) trainee would like to go:	
Please list any barriers the trainee may have in using public transportation:	
Has the trainee ever ridden public transportation before? If so, please describe with whom, where, and how often.	

Has the trainee traveled around his/her neighborhood independently? If so, where do they typically go?	
Where does the trainee like to go independently or with a group?	
How does the trainee currently get to places he/she wants to go?	
How much do you spend weekly on transportation cost?	

Does trainee have a mobile phone?	YES	NO	N/R
Does trainee have access to the internet?	YES	NO	N/R
Does trainee have a Para-transit ID?	YES	NO	N/R
Does trainee have a TAP card?	YES	NO	N/R
Does trainee have a Medicare card?	YES	NO	N/R
Does trainee have a mobility device?	YES	NO	N/R
Does trainee receive SSDI/SSI?	YES	NO	N/R
Does trainee have a handicap placard?	YES	NO	N/R
Is the trainee a Military VET?	YES	NO	N/R

WHAT CONCERNS DOES THE TRAINEE HAVE:			
Getting lost	<input type="checkbox"/>	Falling	<input type="checkbox"/>
Forgetting route	<input type="checkbox"/>	Being robbed/mugged	<input type="checkbox"/>
Crowds	<input type="checkbox"/>	Bus itself	<input type="checkbox"/>
Failure/Don't feel capable	<input type="checkbox"/>	Not being able to communicate	<input type="checkbox"/>
Using ramps	<input type="checkbox"/>	Being stigmatized	<input type="checkbox"/>
Having a seizure	<input type="checkbox"/>	Being incontinent	<input type="checkbox"/>
Being hurt	<input type="checkbox"/>	People on the bus (incl. driver)	<input type="checkbox"/>
No one suggested it	<input type="checkbox"/>	Parent/Family/Guardian objected	<input type="checkbox"/>
Other transportation was provided	<input type="checkbox"/>	Inconvenience of bus	<input type="checkbox"/>
Not near a bus stop or route	<input type="checkbox"/>	No training available	<input type="checkbox"/>
No Money	<input type="checkbox"/>	Was able to drive	<input type="checkbox"/>

Please list all days and times trainee would be available for Travel Instruction:						
Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday

Please list all days and times trainee has obligations:						
Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday