

Valdez Coordinated Community Transportation Screening Form

_____ Date

Name: Last

First

Middle Initial

Physical Street Address

City

State

Zip Code

Mailing Address

City

State

Zip Code

Primary Phone Number

Other Phone Number

email address

_____ Date of Birth

Check all that apply:

- Senior (60 and over)
 Low-Income-to-work (\$20,400 for single person up to \$70,590 for family of 8)
 Disabled (diagnosed as disabled via Health Care Professional)

Voluntary Information, check all that apply:

- Mentally Ill Alzheimer's Disease & Related
 Developmentally Disabled Chronic Alcoholism with Psychosis
 Permanent Brain Injury

_____ Signature

_____ Parent/Guardian if minor

(Report any changes to this form to VCCT CALL- 907-835-3274 or FAX 907-835-3512)

For Administrative Use Only:

Date received _____

Action taken _____

Agency Official Signature _____ Date _____

(Attach additional documentation, if applicable)

(revised 9/12/11)