



**TRANSPORTATION REQUEST
REFERRAL FORM**

Tri-Valley

Opportunity Council, Inc.

Transportation Programs

TODAY'S DATE: _____
REQUESTED BY: _____
PHONE NUMBER: _____

CLIENT'S NAME: _____

ADDRESS: _____

CITY: _____

PHONE NUMBER: _____

CLIENT DATE OF BIRTH: _____ Is client a minor? Yes ___ No ___

If yes and riding without a "Responsible Person" who is the child to be left with? _____

APPOINTMENT DATE: _____ APPT. TIME: _____ A.M. _____ P.M. _____

PICK UP DATE: _____ PICKUP TIME: _____ A.M. _____ P.M. _____

LOCATION TO BE PICKED UP AT: _____

TRANSPORTED TO: _____ (Name of facility, agency or home)

_____ (Please use a complete address)

How many passengers: _____

Names: _____

Approximate length/ending time of appointment: _____

Address to return client to: _____

Further instructions/or directions:

Payment method and number: SSIS voucher _____ Medical Assistance: _____

IS THIS CLIENT ON A PMAP (PPHP)?? If so has the insurance been called? yes no

What PPHP insurance is it??? _____ Medica _____ U-Care _____ Blue Plus

I the case worker have verified that this client is NOT on a PPHP plan. _____ initials of case worker.

RURAL TRANSPORTATION COLLABORATIVE (RTC)
APPLICATION FOR SERVICE
1345 Fairfax Avenue
Crookston, MN 56716
866-884-2695
Fax: 800-475-6494

NAME: _____
Last Name First Name MI

ADDRESS: _____ APT# _____

CITY: _____ STATE: _____ ZIP CODE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____

BIRTHDATE: _____

I understand that the RTC is a mileage based program and I am responsible for the payment when billed.

SIGNATURE _____ DATE _____

Optional information:
I am applying to use the RTC transportation program because:
_____ I do not drive or prefer not to drive
_____ I cannot ride the bus because

This information is available in alternative formats to individuals with disabilities. Contact us at 1-800-584-7020 or by calling the Telecommunication Relay Service at 711 or 1-800-201-3432. Tri-Valley Opportunity Council, Inc. is an equal opportunity employer.