



**Travel Training for Success Program
Referral Form**

TO: Shannon Webster, Mobility Manager

PHONE: 937.708-8316 or 877.227.2287

FAX: 937.708.8320

EMAIL: swebster@greencats.org

Date: _____

Referred by (name/phone): _____

Referral Information (individual you are referring)

Name:		DOB:
Address:		City/State/Zip:
Home Phone:		Alternate Phone:
Email:		
Your relationship to the individual being referred (case worker, parent, guardian, teacher, etc.):		
Services or support you provide:		

Transportation Needs

<input type="checkbox"/> Medical	<input type="checkbox"/> Nutrition	<input type="checkbox"/> Recreational
<input type="checkbox"/> School	<input type="checkbox"/> Support Services	<input type="checkbox"/> Shopping
<input type="checkbox"/> Volunteer	<input type="checkbox"/> Work	
Immediate transportation needs:		

Considerations for Travel Accommodations

Mobility Device: <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, what type: _____
How far can they walk or travel with a mobility aid unassisted:	
Type(s) of disability: <input type="checkbox"/> Medical Conditions	<input type="checkbox"/> Cognitive <input type="checkbox"/> Physical
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Vision <input type="checkbox"/> Hearing/Speech
<input type="checkbox"/> Other (please specify): _____	

Comments: _____

Office Use Only

Date Received:	Intake Date:
Date Contacted:	Did they receive Travel Training: <input type="checkbox"/> Yes <input type="checkbox"/> No

Address if mailing: Greene County Transit Board, 2380 Bellbrook Ave., Xenia, OH 45385