Bloomfield Township Senior Services
TRANSPORTATION SERVICE APPLICATION

_____ _____ _____
Last Name First Name Date of Birth Gender M/F

_____ _____
Address: Street City Zip Code nearest cross streets

Home Phone:_____Mobile Phone:_____# of Drivers in household_____

I am in need of transportation through Bloomfield Township Senior Services because of the following medical conditions or reasons I cannot drive:

_____

I will use this service for: ____rehab _____to BTSS ____dialysis _____medical/dental appts.

I will use this service approximately: _____weekly _____monthly_____quarterly_____

Other: _____

I am handicapped and will need a wheelchair van for transportation: _____Yes _____No

Monthly Income: _____

Emergency Contact:_____ _____ _____
Name Telephone Number Relationship
e-mail address_____ Mobile #_____

I certify that I am a resident of Bloomfield Township or the City of Bloomfield Hills and that the above information is accurate, true, and complete to the best of my knowledge. I understand that I am responsible for a **45% co-payment for medical transportation only** through BTSS contracted services and agree to pay monthly invoiced amounts. I agree to pay fees associated with transportation to Bloomfield Township Senior Services.

Signature:_____ Date:_____

Please send your completed application and <u>PROOF OF RESIDENCY</u> (driver's license, voter registration, etc.) to Bloomfield Township Senior Services in the enclosed addressed envelope.

Thank you.

Bloomfield Township Senior Services
4315 Andover Road
Bloomfield Hills, MI 48302
248-723-3500