

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 _____

e-mail address: _____

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: _____ (ONLY applicable if requesting financial assistance)

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 PROOF OF RESIDENCY (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