

Trumbull County Senior Levy Administration

2931A Youngstown Road

Warren, Ohio 44484

E-mail: SLJurkov@co.trumbull.oh.us

Fax #: (330)675-7865

Phone #: (330)675-7846

Client Registration Form

Elderly Transportation Program Eligibility Form

Trumbull County Senior Levy plans to award contracts to interested transportation vendors for service to begin July 1, 2019. At this time, any Trumbull County resident age 60 and over who may use the transportation system beginning July 1, 2019 must make a one-time application as found on the next page. A one-month grace period will also be given from the first time transportation is provided. If an application has not been received within a month of the first provided transportation trip, future scheduling of trips will be denied.

Applications can be mailed, e-mailed, or faxed to the address/information at the top of the page. PLEASE NOTE: REQUIRED PROOF OF AGE DOCUMENTATION MUST ACCOMPANY THE APPLICATION. Once received, beginning June 19th return phone calls will be made to inform you of the available transportation providers and to disseminate to you needed additional information. Should you not hear from anyone by June 24th and you need to schedule a trip in the first two weeks of July, feel free to contact us at the number as listed above.

The documentation required for persons 60 years of age or older includes a copy or facsimile of either a driver's license, birth certificate, or state issued ID card.

Elderly Program Eligibility Form

I have read the above Policy and agree that the information submitted is correct and accurate. I give permission to Trumbull County Senior Levy Administration to release my name to an appropriate agency so that I may qualify for this assistance.

(Signature) _____

Passenger or Caregiver

Passenger Name: _____ Date: _____

Date of Birth: _____ (attach copy of drivers license/state id/birth certificate)

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Are you on the Medicaid Program or Have a Medicaid HMO ? ____ Yes ____ No

Are you a Veteran? Please circle Yes or No

E-Mail Address to return transportation information: _____

(If you have an e-mail address, the information you receive will be from sender: SLJurkov@co.trumbull.oh.us and the subject line will read TRUMBULL COUNTY SENIOR LEVY TRANSPORTATION)

Emergency Contact:

Name: _____ Phone: _____

Do you use any of the following equipment or assistive devices?

Manual Wheelchair Scooter Walker Cane/Crutches Oxygen Guide Dog

Mail to: Trumbull County Senior Levy Administration
2931A Youngstown Road
Warren, Ohio 44484

This Section for Trumbull County Senior Levy Administration Only!

Date Received: _____ Information sent via: E- mail Mail

Date Sent: _____ Service Provider: _____

Signature of Senior Levy Administrator _____