Trumbull County residents age 60 and over who may need transportation must make a one-time application as found on the next page. Transportation Application requests, if not already provided to you, can be made utilizing the information at the top of this page. Please return the application along with proof of age documentation AND a copy of your supplemental insurance card if you have such. **PLEASE NOTE: REQUIRED PROOF OF AGE DOCUMENTATION AND INSURANCE CARDS MUST ACCOMPANY THE APPLICATION.** If application is not on file and transportation is needed, a one-month grace period will be given from the first time transportation is needed and provided. If an application has not been received within a month of the first provided transportation trip, future scheduling of trips will be denied.

You may request the application per the phone number, e-mail or fax at the top of this page. You will receive a one-page application as well as the flyer of information regarding the transportation that is available to you. If the consumer requests the information by e-mail or provides an e-mail address on the application, the information will be e-mailed back to you from the following sender: SLJurkov@co.trumbull.oh.us and the subject line will read TRUMBULL COUNTY SENIOR LEVY TRANSPORTATION. Remember to check your e-mail. Keep that flyer handy as that document has the numbers you will need to request your transportation. Once you receive the flyer, you may begin to request your transportation directly to the providers as listed even if the application has not been received by the Senior Levy Administrator. However, that application must be returned within a month of your first transportation trip or future requests will be denied. You will not receive any additional call of application approval. The transportation providers are aware of applications received and will inform you if it is not.

**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 and if you have insurance, please submit copy of such**
Senior Levy funded Transportation Application (Amended 12/5/2019)
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. I authorize Senior Levy Representatives and/or its providers of service to verify insurance information relative to medical transportation coverage. I acknowledge that if I have insurance coverage for transportation, I will utilize that program until exhausted prior to utilizing Senior Levy funded transportation.

(Signature)________________________________________________
Passenger or Caregiver

Passenger Name: __________________________________________ Date: _____________

Date of Birth: ____________ (attach copy of driver’s license/state id/birth certificate)

Address: _______________________________________________________________________

City: __________________________ State: ____________ Zip Code: ______________

Home Phone: ________________ Work Phone: ________________ Mobile Phone: _____________

Medicare or Medicaid? Please circle one or if dual, circle both.
Are you on the Trumbull County Medicaid NET / NEMT (Non-Emergency Medical Transportation)/Title XXX Program? Yes or No
Do you have an assigned Jobs and Family Case Worker? Yes or No
If so, name of the case worker____________________________________________________
Have you ever used your insurance program’s transportation for medical appointments?
Do you have currently have Supplemental Insurance? Yes or No
Insurance Co Name __________________ Card #___________ (Attach copy of such)

Are you a Veteran? Please circle Yes or No
E-Mail Address: ________________________________
(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 Completed Transportation Application with copies of ID and Insurance Card if applicable to:
Trumbull County Senior Levy Administration
2931A Youngstown Road
Warren, Ohio 44484