

**Project Access Transportation
Individual & Family Support Services**



Opening Doors...Changing Lives

1000 Elmwood Ave
Rochester, NY 14620
585-295-1587 ext. 2281

Please complete all the information below. You must also submit an NOD (Notice of Decision) along with your application in order for it to be processed.

APPLICATION INFORMATION		
Name:	DOB:	
Address:	Day Phone:	
City: NY Zip:	Evening Phone:	
Social Security Number:	Medicaid #:	
Disability:		
Please check all that apply: ___ Ambulatory ___ Manual Wheelchair ___ Walker ___ Power Wheelchair ___ Auditory Impairment ___ Scooter ___ Service Animal ___ Visual Impairment ___ Other: _____		
FAMILY MEMBER/EMERGENCY CONTACT INFORMATION		
Family Member Name:	Relation:	Phone#
Address:	City:	Zip:
Emergency Contact:	Relation:	Phone #:
SERVICE COORDINATOR/ADVOCATE		
Name:	Phone #:	
Agency:		

I understand that for the purpose of coordination of services, information will be shared with the transportation agency and local OPWDD. I have also received and understand the Project Access Guidelines.

Signature

Date

Approval Letter Sent: _____

Enrolled in other CP Rochester Program: _____