

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



Opening Doors...Changing Lives

3399 Winton Road South  
Rochester, NY 14623  
585-334-6000

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.

<b>APPLICATION INFORMATION</b>		
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: _____		
<b>FAMILY MEMBER/EMERGENCY CONTACT INFORMATION</b>		
Family Member Name:	Relation:	Phone#
Address:	City:	Zip:
Emergency Contact:	Relation:	Phone #:
<b>SERVICE COORDINATOR/ADVOCATE</b>		
Name:	Phone #:	
Agency:		

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Approval Letter Sent: \_\_\_\_\_

Enrolled in other CP Rochester Program: \_\_\_\_\_