

**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.

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 OMRDD. I have also received and understand the Project Access Guidelines.

Signature

Date

Approval Letter Sent: _____

Enrolled in other CP Rochester Program: _____