Project Access Transportation
Individual & Family Support Services

CP Rochester
Opening Doors...Changing Lives

3399 Winton Road South
Rochester, NY 14623
585-334-6000 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 ___ Walker ___ Auditory Impairment ___ Service Animal ___ Other: _____		___ Manual Wheelchair ___ Power Wheelchair ___ Scooter ___ Visual Impairment

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: _____