



**Policy 5102:  
Senior Citizens and Disabled Persons Benefits  
Appendix A**

**TRANSPORTATION GRANT APPLICATION**

Name: \_\_\_\_\_ DOB: mm/dd/yyyy \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Legal Land Location/ Blue Sign: \_\_\_\_\_

Phone Number: \_\_\_\_\_

New to Transportation Grant Program (circle one): Yes / No  
If "Yes", please provide photo ID that includes date of birth

**IMPORTANT:** Please complete ALL fields in full and ensure you collect the clinic stamp from the receptionist at the time of your appointment.  
Alternately, the clinic may be able to print a confirmation of the appointment for you.

<b>Date mm/dd/yyyy</b>	<b>Location of Appt. Town/ City</b>	<b>Total Round Trip KMs</b>	<b>Stamp From Clinic/ or Printed Copy of Appt.</b>

