

BRIDGES & BEYOND CLIENT APPLICATION FORM

Please mail completed application to:

Bridges & Beyond
Rutland Regional Medical Center
160 Allen Street
Rutland, VT 05701
Phone # - 802-747-3710
Fax # - 802-772-7534

Date of Application _____

How did you learn about the Bridges & Beyond Program? _____

First Name _____ Last Name _____

Date of Birth _____ Sex _____ Age _____ email _____

Address _____ City _____ State ____ Zip _____

Mailing Address (if different): _____ City _____ State ____ Zip _____

Phone # _____ May we leave a message on your phone? _____

Cell Phone _____ May we leave a message on your phone? _____

Directions to your home: _____

Emergency Contact:

Name _____ Relationship _____ Phone _____

Do you have Medicare? ____yes ____no Do you have Medicaid? ____yes ____no
If you have Medicaid, do you use Medicaid transportation for your medical appointments? _____

If no, please give the reason: _____

Do you or anyone in your house smoke? ____ Do you use Oxygen? ____ Do you use a walker? ____ Use a cane? ____
Use a wheelchair (manual or motorized)? _____ Are you allergic to or bothered by smoke? ____
Are you allergic to or bothered by pets? ____ Are there pets in your home? ____ Are there stairs into your home? ____

Do you have any type of disability? _____ If yes, please explain _____

Does your mobility prevent you from getting into any kind of vehicle (high or low): _____

Passengers going to the appointment _____ If someone goes with you, can they help you if needed? _____

How did you get rides before now? _____

Do you have family or friends who can help with transportation? _____

Have you ever used another volunteer program for transportation? ____ If so, which one? _____

Why are they no longer an option? _____

What type of transportation services do you need our help with? Medical _____ Shopping _____ Other _____

Please list any specific transportation needs that you have coming up. Please be aware we will need at least a week **from the date we receive your application** to arrange transportation.

Date Needed	Destination	Time	Expected Duration

Anything else you think we should know _____

Signature _____

Name and phone number of person completing application if different than client _____
