

Defiance County Board of DD
Community Employment Transportation Request

Consumer Name: _____ Direct Phone Number: _____

Is this the number to call if consumer does not come out? YES or NO

If no, what number should we call? _____

Consumer's Home Address: _____

Pick-Up Location Address: _____

Employer: _____ Phone: _____

Employer Address: _____

Drop Off/Pick Up Location (what door?) _____

Employer Contact: _____ Phone: _____

Consumer's Position: _____

Regular Schedule:

Day:	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Start Time:	_____	_____	_____	_____	_____	_____	_____
End Time:	_____	_____	_____	_____	_____	_____	_____

If NOT a regular schedule, employer contact to get schedule: _____

Phone Number: _____ When can we call to get schedule?: _____

How early can we drop consumer off? _____ How late can we pick consumer up? _____

Starting Date: _____

Consumer's SSA: _____ SSA Phone No.: _____ SSA Cell No.: _____

Temporary Job: YES or NO If YES, ending date: _____

Has Consumer had transportation in-service training? _____
(Date)

Current emergency medical form completed and given to transportation supervisor _____
(Date)

Notes: _____

Signature: _____ Date: _____

SSA/Community Program Coordinator