

# TransittoCare

Schedule a Ride: (719) 644-6005

## Schedule a Ride Form

Please fill this form and fax it to (719) 888-2929 or email it to transit2care@gmail.com.

Name: (First & Last): \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ **Home /Pick-up Address** \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_

Zip Code: \_\_\_\_\_ DOB: \_\_\_\_\_ Medicaid ID: \_\_\_\_\_

\_\_\_\_\_ **Destination Address** \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_

Zip Code: \_\_\_\_\_

Appointment Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Appointment Time: \_\_\_\_:\_\_\_\_ am / pm

Return Trip Time: \_\_\_\_:\_\_\_\_ am/pm

**Do you need special care? (Please specify):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

-----

**For Office Use Only: Verification Process**

Guarantee Number: \_\_\_\_\_ Verified by: \_\_\_\_\_

**Note: Keep copy of the eligibility verification printout on member's file.**