



Travel Training Program REFERRAL FORM

FOR OFFICE USE ONLY	
Date Rec:	_____
Date of Ctc:	_____
Outcome:	_____

PVTA's Travel Training Program is offered free of charge to seniors and people with mobility impairments, who are motivated to learn how to safely and independently use the fixed-route public bus system. This personalized, one-on-one instruction can focus on destination travel (how to use transit to reach a specific destination and return) or general orientation (how to use the public bus system).

TRAINEE INFORMATION

Name: _____ Date: _____

Address: _____ Apartment #: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____ Age: _____

Living Situation: _____ Languages Spoken: _____

Mobility Aids Used: _____ Communication Aids: _____

Mobility Impairment (*i.e. cognitive, physical, and/or mental health issues*): _____

Points of Travel (destinations): _____

Current Means of Transportation: _____ Has Trainee Used Public Bus Before? _____

Contact Person for Scheduling Intake: _____ Relationship: _____

Contact Phone: _____ Alternate Phone: _____

REFERRAL INFORMATION (if applicable)

Referral Made By: _____ Relationship to Trainee: _____

Agency: _____ Phone: _____

Address: _____ Suite #: _____

City: _____ State: _____ Zip: _____

Does Trainee Know They Are Being Referred? _____

Return Completed Referral Forms to:
 Mobility Trainer, PVTA, 2808 Main St., Springfield, MA 01107
 E-mail: MobilityTrainer@pvta.com; Phone: (413) 732-6248 Ext. 235; Fax (413) 739-8917