

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 _____

Have you been vaccinated for COVID? ___ yes ___ no

Have you had a COVID booster? ___ yes ___ no 2nd Booster? ___ yes ___ no

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 _____
