Salem-Keizer Transit District
Travel Training Program
Referral Form

Please complete the referral form and return it to our office. Mail the referral form to: Salem Area Mass Transit District, 555 Court Street NE, Suite 5230, Salem OR 97301-3736 or **fax** to 503-584-4716. For questions call 503-588-2424 and ask for a Paratransit Specialist.

Applicant Information

Name:_____ Date of application:_____
Address:_____
City:_____ State _____ Zip:_____
Phone: ( )_____ Phone: ( ) _____
Date of birth:_____
Disabilities: _____
_____

General Information

Day to day contact person_____phone:_____
Person making referral _____phone:_____
Title or relationship to applicant:_____
Agency:_____
Address:_____
City:_____ Zip:_____

Does applicant know he/she is being referred? Yes_____ No _____

Does applicant have a legal guardian? Yes_____ No _____

If yes, please provide legal guardian's name, address, and phone number:
_____
_____
_____

Training Information/Comments

What is the applicant's current means of transportation? Please describe:
_____
_____
_____
_____