



**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, 925 Commercial St. SE, Ste. 100, Salem OR 97302-4173 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: