



555 Court St NE, Suite 5230  
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 traveltraining@cherriots.org

**Office Use Only  
 Date Stamp**

## Cherriots Travel Training Request

### Applicant Information

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last: \_\_\_\_\_

Primary Language: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Mailing Address (if not home): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Do you use any of the following mobility aids or equipment? Check all that apply.

- |                                      |  |  |   |
|--------------------------------------|--|--|---|
| <input type="checkbox"/> Cane        | <input type="checkbox"/> Prosthetic Device | <input type="checkbox"/> Power Scooter   | <input type="checkbox"/> Picture Board  |
| <input type="checkbox"/> White Cane  | <input type="checkbox"/> Manual wheelchair | <input type="checkbox"/> Portable Oxygen | <input type="checkbox"/> Service Animal |
| <input type="checkbox"/> Crutches    | <input type="checkbox"/> Power Wheelchair  | <input type="checkbox"/> Alphabet Board  | <input type="checkbox"/> Walker         |
| <input type="checkbox"/> Other _____ |  |  |   |

### Referral Information (if applicable)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Is this the person to contact if additional information is needed?  Yes  No



### Background Information

Do you have any concerns that would interfere with individualized training?

No  Yes (describe)  Sometimes (describe)  I don't know (describe)

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What is your current means of transportation? Please describe:

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Is there any additional information needed in order for travel training to be a positive experience?  No  Yes - If "Yes," explain why:

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### Destinations

#### Destination 1

Starting Address/Destination: \_\_\_\_\_

Ending Address/Destination: \_\_\_\_\_

Do you need to arrive at a specific time?  No  Yes - Time: \_\_\_\_\_

Days available:  Monday  Tuesday  Wednesday  Thursday  Friday

Do you need to be trained by a specific date?  No  Yes - Date: \_\_\_\_\_

#### Destination 2

Starting Address/Destination: \_\_\_\_\_

Ending Address/Destination: \_\_\_\_\_

Do you need to arrive at a specific time?  No  Yes - Time: \_\_\_\_\_

Days available:  Monday  Tuesday  Wednesday  Thursday  Friday

Do you need to be trained by a specific date?  No  Yes - Date: \_\_\_\_\_

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Applicant's Signature

Date