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**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)

What is your current means of transportation? Please describe:

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

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: _____

Date