



Eastern Sierra Transit Authority

703 Airport Road
P.O. Box 1357
Bishop, CA 93515
760.872.1901

Non-Emergency Medical Transportation Application

Last Name: _____ First: _____ M.I. _____

Physical Address: _____

Mailing Address: _____

Home Phone: _____ Cell: _____

Work Phone: _____ email: _____

If applicant is a minor or under conservatorship, provide guardian/conservator information:

Last Name: _____ First: _____ M.I. _____

Physical Address: _____

Mailing Address: _____

Home Phone: _____ Cell: _____

Work Phone: _____ email: _____

Relationship: _____

How did you hear about this program? _____

Who do you live with? _____

Are you able to drive? Yes No

Why are you applying for the Non-Emergency Medical Transportation Volunteer Driver Mileage Reimbursement Assistance? _____

Are you receiving care from a medical doctor? Yes No

How did you travel to medical appointments last month? _____

Estimated Frequency of Medical Appointments

Doctor	Location	How often

Have you recruited a volunteer driver: Yes No

Volunteer Driver Name: _____

Mailing Address: _____

Home Phone: _____ Cell: _____

Work Phone: _____ email: _____

Is the volunteer drive a paid caregiver? Yes No

Applicant Signature

Date

Guardian Signature

Date