

Trumbull County Senior Transportation (age 60 and up)

106 High Street NW 4th Floor

Warren, Ohio 44481

Administrator Mike Salamone

E-mail: cesalamo@co.trumbull.oh.us

Fax #: (330)675-7941

Phone #: (330)675-2873

TTY SERVICE IS AVAILABLE OHIO RELAY NUMBER (1-800-750-0750)

Transportation Registration Form Instruction Page

Trumbull County residents age 60 and over who may need transportation must make a one-time application as found on the next page. The transportation application form can be accessed, if not already received, via the senior levy website at <http://seniorlevyservice.co.trumbull.oh.us> or the contract information as listed at the top of this instruction sheet. Please return the application **along with proof of age documentation.** **PLEASE NOTE: REQUIRED PROOF OF AGE DOCUMENTATION MUST ACCOMPANY THE APPLICATION and ALL questions answered or the application will not be requested.** If application is not on file, transportation will not be scheduled or provided until registration is received by the Transit Administrator.

Upon request, you will receive a one-page application as well as the flyer of information regarding the transportation that is available to you. If the consumer requests the information by e-mail or provides an e-mail address on the application, the information will be e-mailed back to you from the following sender: cesalamo@co.trumbull.oh.us and the subject line will read TRUMBULL COUNTY SENIOR TRANSPORTATION . Remember to check your e-mail. Keep that flyer handy as that document has the numbers you will need to request your transportation.

You will not receive any additional call of application approval. The transportation providers are aware of applications received and will inform you if it is not. Approved applications will be updated to the approved list weekly on Thursday. To schedule, when you call the providers, if you are on the updated list, your transportation request will be filled. Should your name not appear and you are denied that trip, contact Mike Salamone (information at the top of this page).

This program is available in part from Senior Levy Funds.

Senior Transportation Application (Amended 11/17/2021)

I have read the above Policy and agree that the information submitted is correct and accurate. I give permission to Trumbull County Senior Transportation to release my name to an appropriate agency so that I may qualify for this assistance. I acknowledge that if I have insurance coverage for transportation, or other available programs that I have been assigned, I will utilize that program until exhausted prior to utilizing Senior Levy funded transportation.

(Signature) _____ **Date:** _____

Passenger or Caregiver

Passenger Name: _____

Date of Birth: _____ (MUST ATTACH COPY OF DRIVERS LICENSE OR STATE ID OR BIRTH CERTIFICATE)

Address: _____

Mailing City: _____ Township/City/Village _____
Of Residence

Zip code: _____

Home Phone: _____ **Mobile Phone:** _____

E-Mail Address: _____

(If you have an e-mail address, the information you receive will be from sender cesalamo@co.trumbull.oh.us

Emergency Contact:

Name: _____ Phone: _____

- 1) Medicare or Medicaid? Please circle one or if dual, circle both.
- 2) Do you get Medical Appointment Transportation through a caseworker provided program with JFS (Jobs and Family Services) also known as Trumbull County Medicaid NET / NEMT (Non-Emergency Medical Transportation)/Title XXX Program ? Y or N
- 3) Do you have an assigned Jobs and Family Case Worker? Y or N
If so, name of the case worker _____
- 4) Do you have currently have Supplemental Insurance for your medical costs? Y or N
Insurance Co Name _____ Card # _____
IF so, please call your insurance company and ask if your policy covers medical transport.
Once called, did you insurance company say you medical transportation coverage? Y or N
Have you ever used your insurance program's transportation for medical appointments? Y or N
- 5) Are you a Veteran? Please circle Y or N Branch of service: _____
- 6) Do you use any of the following equipment or assistive devices?

- Wheelchair
- Walker
- Cane/Crutches
- Oxygen
- Guide Dog
- Other

Mail or E-mail :Completed Transportation Application with copies of ID and Insurance Card if applicable to:
Trumbull County Senior Transportation
106 High Street NW 4th Floor
Warren, Ohio 44481 e-mail: cesalamo@co.trumbull.oh.us

This Section for Trumbull County Transit Office Only!	
Approved <input type="checkbox"/> Not Approved <input type="checkbox"/> Signature _____	Date _____