

Irondequoit Faith-Link Application Form

Name _____

Date _____

Address _____

DOB _____

Address _____

Gender: M F

City _____ State _____ Zip _____

Ethnicity __ African American

Email _____

__ Caucasian

Home Phone (____) _____

__ Hispanic

Alternate Phone (____) _____

__ Native American

Cell Phone (____) _____

__ Other

Emergency Contact: _____

Phone _____

Medicaid Recipient Yes # _____

NO

Service Applying for:

Standard - 8 one way trips per month. Available to all seniors 60 years and older

Extended – 16 one way trips per month. Available to those seniors who have chronic care needs such as Dialysis, Chemotherapy, Radiation or regular blood transfusions.

Treatment Required _____

Doctor Prescribing treatment: _____

Dr. Phone _____

Check all that apply:

Need escort

Use Walker or cane

Wheelchair user

Require traveling companion (2nd person to ride with you)

List any Special needs you have: _____

I do hereby attest that the information on this application for ISTM including my need for transportation is true.

Signed _____

Mail Application to:
Irondequoit Faith-Link
608 Clinton Ave. South
Rochester, NY 14620

Or Fax to: 585-654-5628

For questions about eligibility call 585-288-4099
or visit our web site www.faith-link.org

For Office use

___ Approved ___ Denied Date ___/___/___

Client # _____

Restrictions:

Irondequoit Faith-Link provides free transportation service for senior citizens 60 years and older who reside in the town of Irondequoit. See brochure or website www.faith-link.org for full offering details and restrictions. Faith-Link is a program offered by Irondequoit Senior Transportation Ministries, Inc.