

FUTURES COMMUNITY SUPPORT SERVICES, INC.

**TRANSPORTATION AUTHORIZATION**

CLIENT NAME: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

PURPOSE OF TRANSPORT: \_\_\_\_\_

SPECIAL NEEDS (IF ANY): \_\_\_\_\_

TRANSPORT FROM: \_\_\_\_\_ TRANSPORT TO: \_\_\_\_\_

DAYS OF TRANSPORT:

MON  TUE  WED  THU  FRI  SAT  SUN

TRANSPORTATION MODE: DEMAND RESPONSE VEHICLE  FIXED ROUTE

COST OF TRANSPORT PER TRIP: \$ \_\_\_\_\_

DIRECTIONS TO HOME OR PICK-UP: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTES OR COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\* \* \* \* \*

AUTHORIZED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENCY: \_\_\_\_\_

MAIL OR FAX (570-888-3666) TO: EMTA  
RR#1, BOX 23  
ATHENS, PA 18810

\*NOTE: Authorizing program must obtain cost estimate of transport service from EMTA

\*\*NOTE: If client has a medical assistance card, please have them call the EMTA office at 1-800-242-3242 to sign up for MA reimbursement transportation to medical appointments.