



Wave Transit Travel Training Referral Form

Please complete this form and email, fax or mail to the following address:

E-Mail: bditri@wavetransit.com
 Fax: (910) 772-7942 - Attn: Brianna D'Itri, Mobility Manager
 Mail: P.O. Box 12630 Wilmington, NC 28405 - Attn: Brianna D'Itri, Mobility Manager

Please fill out completely. Incomplete applications will not be processed.

Please note: it may take up to 7 business days for your application to be processed. You will be notified of your application's status thereafter.

Date: _____

Referred by (Name, Phone and Email): _____

Referral Information (Individual you are referring)

Name:	DOB:
Address:	City/State/Zip:
Home Phone:	Alternate Phone:
Email:	
Your relationship to the individual being referred (case worker, parent, guardian, teacher, etc.):	
Services or support you provide:	

Transportation Needs (Please check the box on the left)

<input type="checkbox"/>	Medical	<input type="checkbox"/>	Nutrition	<input type="checkbox"/>	Recreational
<input type="checkbox"/>	School/Education	<input type="checkbox"/>	Support Services	<input type="checkbox"/>	Shopping
<input type="checkbox"/>	Volunteer	<input type="checkbox"/>	Work	<input type="checkbox"/>	

Considerations for Travel Accommodations (Please check the box on the left)

Mobility Device:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If Yes, what type?	
How far can they walk or travel unassisted?						
<input type="checkbox"/>	Medical Conditions	<input type="checkbox"/>	<input type="checkbox"/>	Cognitive	<input type="checkbox"/>	Hearing
<input type="checkbox"/>	Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	Vision	<input type="checkbox"/>	Speech
<input type="checkbox"/>	Other (Please specify)					

Comments: _____

* Travel training sessions may include a practice bus ride at no cost to the trainee(s). Our Mobility Manager will work with you to ensure your mobility needs are met as they pertain to the program. Mobility objectives are often met with one training session. Multiple sessions may be necessary and will be scheduled at the discretion of the Mobility Manager.

 Approved/Denied/Pending Date