



Freedom Road Transportation Volunteer Driver Reimbursement Program

Freedom Road Transportation 2633 S. Lapeer Road, Suite H Orion, MI 48360 Office: 248-232-1259 FAX: 248-232-1242

Eligibility Application Page 1

Directions: Please completely fill out application below and sign on page 2. When completed, return to Freedom Road Transportation at the above address. If you have any questions do not hesitate to call. When we put your information in our system we will contact you and verify the information you have provided. Thank you.

Name, Age, Birthdate, Email, Phone, Message OK?, Message Number, Street Address, City, ZIP code, County, Mailing Address, Income Level, Check all that apply, Veteran, Senior, Low income, Disabled, Former prisoner

How applicant heard about FRT, Are you able to drive?, Does family drive?, Any self-described health problems?, How health problems affect daily life?, Have health problems been verified by doctor(s)?, Number of trips for medical purposes each month, What other purposes and destinations of travel are needed?

Number of times applicant traveled for any purpose last month, Methods of transportation used last month, Which most influenced the method of transportation used?

All purposes of travel last month, For which purpose did applicant travel most last month?

Do you have a volunteer driver?, How has applicant been getting around before contacting FRT?, Additional Applicant Comments (if any)

Below will be filled out by Freedom Road Transportation Staff:

Date information was placed in the system, By, Date application sent for review



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Eligibility Application Page 2

Applicant: please sign page 2 and return application for review.

I request eligibility certification and participation in the **Freedom Road Transportation (FRT) Volunteer Driver Reimbursement Program**. I have reviewed my Application, as provided to **FRT** staff by telephone, and certify that it is accurate and true. I understand that the information I am providing will be treated as confidential, will only be used to determine my initial and continuing eligibility for the program, and will be retained as a permanent part of my service file.

All of the information which I have provided is true and accurate to the best of my knowledge. I authorize representatives of **FRT** to contact persons whom I have named, or to make other inquiries as necessary, to verify the information which I have provided .

I understand that is the policy of **FRT** to pursue any alleged or suspected instances of fraud. A “fraudulent claim” is committed when a false representation of a present or past fact is made by a **FRT** customer, members of their family, or unrelated person such as their caregiver or volunteer driver, which results in the release of funds.

If approved for **FRT**, I agree to abide by all **FRT** policies. **I acknowledge that failure to abide by FRT policies may result in the termination of FRT services.**

I acknowledge that being driven by others is an inherently dangerous activity and that my participation in this program could involve some danger to my person, to my property, or the person or property of others. In consideration of my participation in the **FRT** program however, I hereby forever release from liability and agree to indemnify and hold harmless the **FRT**, and any and all organizations, agencies or individuals who provide funding to or otherwise support the program, from any and all claims, losses, and liabilities arising out of or in any way connected with my participation in the **FRT** program.

Signature of Applicant: _____ **Date:** ____/____/____

Name of someone who will always know where I am _____

Relationship to me _____ Phone number _____

Printed name and relationship of preparer, if other than applicant _____