



## Brenner Escorted Transportation Application

THE PROGRAM COORDINATOR WILL BE IN TOUCH WITH YOU AFTER YOUR APPLICATION IS SUBMITTED

### DEMOGRAPHIC INFORMATION

Name:		DOB:	Age:
Street Address:			Apt #:
City:	State:	Zip code:	
Home #:	Cell #:	Email:	
Spouse's Name:		Email:	
Emergency Contact (if other):			Phone:

### PHYSICIAN AND DISABILITY INFORMATION

**This information is to ensure safe transportation and in case of an emergency.**

Physician:	Phone:	Fax:
Street Address:		Email:
City:	State:	Zip code:
Reason you require escorted transportation:		Expected duration of disability:
What type of equipment do you use? <input type="checkbox"/> Cane <input type="checkbox"/> Walker <input type="checkbox"/> Seated Walker <input type="checkbox"/> Wheelchair		
Do you require an additional escort? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason:

By signing this application, I am confirming that I understand that the information provided will be kept confidential, and that it is only used to determine my eligibility to participate in the Brenner Escorted Transportation Program (the "Program"). I certify that all information contained on this form is true and correct. I give my permission for the Jewish Social Service Agency ("JSSA") to obtain eligibility information from my doctor, social worker, or other healthcare provider. I agree to pay all fees associated with the Program. I voluntarily assume the risks associated with receiving transportation services from the Program and JSSA and recognize that neither the Program nor JSSA is a common carrier. I fully release the Program, JSSA, JSSA's affiliates, and JSSA's officers, directors, employees, agents, and volunteers and hold them harmless for any and all claims, including, but not limited to injury, harm, damages, or loss arising out of, connected with, or in any way associated with use of the services provided by the Program.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

Please send completed form to Diane Hays-Earp at [dhaysearp@jssa.org](mailto:dhaysearp@jssa.org) , 301-770-8741 (fax), or  
**JSSA Attn: Brenner Escort 6123 Montrose Road, Rockville, MD 20852**