**Coos County Area Transportation District**

**2810 Ocean Blvd SE**

**Coos Bay, OR 97420**

**Office: (541)267-7111 Fax: (541) 982-5381**

***Veteran’s Enrollment Form for Free Health and Wellness Transportation Services, Serving Coos, Lane and Douglas Counties***

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male Female Other

Name of emergency contact person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

That person’s phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which of the following mobility aids (supplied by you) do you use when traveling?

A □ Motorized wheelchair □ Scooter □ Manual wheelchair

Dimensions of wheelchair or scooter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B. □Cane □ Walker □ Crutches

C. □ Oxygen

D. □ Service Animal Type of Animal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E. □Personal Care Attendant (PCA)-someone designated by you to assist you with one or more daily life functions and as necessary with your mobility. For what reason is a PCA needed?

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

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

F. Do you have a DD-214 □ Y □ N If yes number if available \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

G. Other veteran’s status if no DD-214 number available \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Here are some ways you can return the enrollment form to us:

* Hand it to a CCAT driver
* Email it to: [skellyirvin@coostransit.org](mailto:skellyirvin@coostransit.org)
* In Person at: 2810 Ocean Blvd SE, Coos Bay

Remember, we need your picture for your ID card.



GO COOS VETS

Veterans can receive FREE transit for

Health and Wellness Transportation Services

All Veterans can ride on a CCAT bus for free if their ride is related to Health and Wellness services.

**Example of Health/Wellness Services:**

Physical Wellness Mental Well-being Pharmacy

Physical Therapy Hearing/Vision Dentist….and more!

**How do I get started?**

Call 541-267-7111 between 8am - 5pm

**Say you are a veteran requesting Health/Wellness Transit Services.**

Complete the enrollment form, submit a picture so we can get your information in our system and issue you an ID Card. Enrollment form located on the back.

