

Registration Form - Veterans Medical Transportation Network (VMTN)

NAME*

PREFIX _____

FIRST _____

LAST _____

NICKNAME (NICKNAME OR OTHER NAME YOU GO BY)

MOBILITY AIDS USED * (CHECK ALL THAT APPLY)

- CANE POWER WHEELCHAIR/ SCOOTER
 WALKER SERVICE ANIMAL
 OXYGEN CRUTCHES
 OTHER: _____

BIRTHDATE*

REFERRED BY*

VA

OTHER _____

ARE YOU ADA CERTIFIED THROUGH THE RTC? *

- YES RTC PARATRANSIT ID NUMBER _____
NO

SERVICE TYPE REQUESTED*

- VMTN PARATRANSIT
 VA FIXED ROUTE

Contact Information

ADDRESS*

EMERGENCY CONTACT NAME / PHONE NUMBER*

STREET ADDRESS

NAME _____

PHONE # _____

APT #/ BUILDING # _____

CITY _____

ZIP CODE _____

HOME PHONE _____

MOBILE PHONE _____

EMAIL ADDRESS _____

PLEASE SELECT YOUR PRIMARY TRAVEL DESTINATIONS FOR VMTN SERVICES (CHECK ALL THAT APPLY) *

- VA - SOUTHERN NEVADA HEALTHCARE SYSTEM - 6900 N. PECOS RD.
 VA - NORTHWEST PRIMARY CARE CLINIC - 3968 N. RANCH DR.
 VA - SOUTHWEST PRIMARY CARE CLINIC - 7235 BUFFALO DR.
 VA - SOUTHEAST PRIMARY CARE CLINIC - 1020 S. BOULDER HWY.
 VA - NORTHEAST PRIMARY CARE CLINIC - 4445 E. CHARLESTON BLVD.
 MIKE O'CALLAGHAN FEDERAL HOSPITAL - 4700 N. LAS VEGAS BLVD.
 NELLIS AIR FORCE BASE
 OTHER: _____

DO YOU CURRENTLY USE LYFT, UBER OR TAXIES FOR YOUR TRANSPORTATION NEEDS?

- YES NO

Please initial here if you are open to using and receiving information on other RTC mobility options including, but not limited to: Lyft, RTC fixed route, Flexible Demand Response.

Please initial here to acknowledge that you understand that VMTN transportation service is intended for transportation to and from VA approved medical appointments only and that unauthorized use of VMTN transportation services can result in suspension of service.

SIGNATURE _____

DATE _____

