Sedgwick County... working for you

SEDGWICK COUNTY TRANSPORTATION (SCT)
2622 W. Central, Suite 500
Wichita, KS 67203
(316) 660-5150 Fax: (316) 660-1936
Long Distance: 1-800-367-7298
www.sedgwickcounty.org/aging

An ANNUAL Renewal/Reassessment will need take place prior to each new funded year/usage.

Information requested in this application is for statistical purposes to comply with reporting requirements of a federal grant that partially funds this progarm. All information is required and will be kept confiential in accordance to program usage.

Are you a caregiver for a person over age 60 and need to arrange **transportation for the person you provide care to** in order to relieve you? **Y** ☐ **N** ☐

Are you a caregiver for a person over age 60 and need to arrange **transportation for yourself** to visit the person you care for in the hospital, assisted living facility or nursing home? **Y** ☐ **N** ☐

If yes, please be sure that you have completed both this and the standard transportation application per person.

If you answered "No" to both of the above questions, the applicant would not qualify for this program and this form would not need to be completed.

Caregiver Information

Gender: M ☐ F ☐

Name (First, Middle, Last) ____ DOB ____ SSN ____

Ethnicity: ☐ Not Hispanic or Latino ☐ Hispanic or Latino

Race: ☐ African American ☐ Hispanic ☐ Reporting other race
☐ American Indian/Alaska Native ☐ Native Hawaiian/Pacific Islander
☐ White/Non Hispanic ☐ Reporting 2 or more races ☐ Asian

Address ____ City ____ County ____ State ____ Zip ____

Urban ☐ Rural ☐

Home Phone ____ Work Phone ____ Cell Phone ____

Relationship to Recipient:
☐ Husband ☐ Wife ☐ Son/Son-in-law ☐ Daughter/Daughter-in-law ☐ Other Relative ☐ Non-relative

Care Recipient Information

Gender: M ☐ F ☐

Name (First, Middle, Last) ____ DOB ____ Recipient SSN ____

Address ____ City ____ County ____ State ____ Zip ____

Urban ☐ Rural ☐

Home Phone ____ Work Phone ____ Cell Phone ____

Care Recipient Information #2

Gender: M ☐ F ☐

Name (First, Middle, Last) ____ DOB ____ Recipient SSN ____

Address ____ City ____ County ____ State ____ Zip ____

Urban ☐ Rural ☐

Home Phone ____ Work Phone ____ Cell Phone ____