

**Curative Connections Transportation Rider Information form**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt # \_\_\_\_\_ City : \_\_\_\_\_ Zip Code : \_\_\_\_\_

Phone: \_\_\_\_\_ / \_\_\_\_\_ Female: \_\_\_\_\_ Male: \_\_\_\_\_

Ambulatory: \_\_\_\_\_ Wheelchair: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Are you on MA? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes you must use MTTM for medical/pharmacy trips 1-866-907-1493

Are you on Family Care? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes what plan? \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Demographic Information:** Our funding source requires that we ask the following information. Answering these questions will in NO WAY affect your eligibility. Thank you

Income level	X here	Age	X here	Ethnicity	X here
< \$10,000		Under 60		White	
\$10,001 - \$24,999				African American	
\$25,000 - \$34,999		Over 60		Hispanic or Latino	
\$35,000 - \$49,999				Asian/Pacific Islander	
\$50,000 - \$74,999				American Indian	
\$75,000 - \$99,999				Other	
\$100,000 and over					

Mail form to: Curative Connections or by email to: [twhetung@curativeconnections.org](mailto:twhetung@curativeconnections.org)  
 Att: Transportation Services  
 2900 Curry Ln  
 Green Bay, WI 54311