



MEDIVAN SERVICES

NAME: _____
(last) (first) (middle initial)

MAILING ADDRESS: _____
(city/town) (state) (zip)

TELEPHONE: _____
(home) (cell)

DATE OF BIRTH: _____

EMERGENCY CONTACT: _____

PHONE # _____ **RELATIONSHIP** _____

MASS. HEALTH INSURANCE: YES NO
(circle one)

Do you have a disability? YES NO
(circle one)

If yes, please provide documentation: _____

SIGNATURE OF APPLICANT: _____ **DATE:** _____

-(Office Use Only)-

Date Received: _____ **Certification #:** _____

Certified by: _____

Comments: _____

Return form to: Martha's Vineyard Transit Authority
11 A Street
Edgartown, MA 02539