

APPLICATION FOR NON-EMERGENCY TRANSPORTATION
(NET) ROSS GO/TRANSIT ID

Do you currently have a Ross Go/Transit ID? Yes _____ No _____

NAME _____

SOCIAL SECURITY NUMBER _____ Date of Birth _____

ADDRESS _____ CITY _____

ZIP CODE _____ PHONE _____ No. of Minor Children _____

The information below MUST be complete in order to be
approved for a ROSS GO ID/TRANSIT ID

ARE YOU REQUESTING THIS ID FOR MEDICAL TRIPS? Yes _____ No _____

I will be attending 4 appointments per quarter:

OR:

I will be attending 1 appointment per month for the next quarter:

(Current quarter: January, February, March)

Date of first appointment: _____

I understand that this will be my transportation for medical appointments for the quarter.

I understand that I am responsible for transit fees for all other trips.

I understand that using this pass for anyone other than my children or myself can result in the loss of NET transportation benefits through SCOJFS.

I will submit my medical verification to Chillicothe City Transit- 575 E. 7th St. Chillicothe, Oh

I understand that if I do not turn in the verification of at least one medical appointment per month, or four per quarter, I will not receive future bus passes until I do.

I understand that if my ID is lost, stolen or destroyed for any reason, I will be responsible for a \$5.00 replacement fee.

I have read and understand the above information and by signing below agree to the terms.

I understand that this bus pass is only good through the end of the quarter.

Signature

Date

Date rcv'd: _____ Date approved: _____ Exp. Date: _____ Pass#: _____

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I will be attending 4 appointments per quarter:

OR:

I will be attending 1 appointment per month for the next quarter:

(Current quarter: April, May, June)

Date of first appointment: _____

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I will be attending 1 appointment per month for the next quarter:

(Current quarter: July, August, September)

Date of first appointment: _____

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OR:

I will be attending 1 appointment per month for the next quarter:

(Current quarter: October, November, December)

Date of first appointment: _____

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