**INDIVIDUALIZED TRANSPORTATION PLAN**

**Customer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Staff Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Agency or organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I have determined that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has reliable transportation to travel to the services/job training/job

*(customer name)*

that I have recommended for him/her and the she/he can afford that transportation. His/her main means of transportation will be: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and a back-up means of transportation will be: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**OR**

I have worked with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in creating the attached Individualized transportation plan and

*(customer name)*

believe that he/she understands the plan and has received any support necessary to implement the plan.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff person’s signature and date Staff person’s printed name

I acknowledge that I have been an active participant in creating this Individualized Transportation Plan, that I understand the plan, and that I feel comfortable implementing the plan.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Customer’s signature and dateCustomer’s printed name

**Individualized Transportation Plan for**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Transportation providers’ contact information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Trip destination** | **Day**  **(circle)** | **Transportation provider (and route no., if applicable)** | **Cost(OW or RT)** | **Deadline for reservations/cancellation** | **Starting point** | **Departure time** | **Ending point** | **Arrival time** |
| **Trip 1, to**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | M T W T F S Su |  |  |  |  |  |  |  |
| *Opt. 1: Outbound* |  |  |  |  |  |  |  |  |
| *Opt. 1: Inbound* |  |  |  |  |  |  |  |  |
| *Opt. 2: Outbound* |  |  |  |  |  |  |  |  |
| *Opt. 2: Inbound* |  |  |  |  |  |  |  |  |
| **Trip destination** | **Day**  **(circle)** | **Transportation provider (and route no., if applicable)** | **Cost(OW or RT)** | **Deadline for reservations/cancellation** | **Starting point** | **Departure time** | **Ending point** | **Arrival time** |
| ***Trip 2, to***  *\_\_\_\_\_\_\_\_\_\_\_\_\_* | M T W T F S Su |  |  |  |  |  |  |  |
| *Opt. 1: Outbound* |  |  |  |  |  |  |  |  |
| *Opt. 1: Inbound* |  |  |  |  |  |  |  |  |
| *Opt. 2: Outbound* |  |  |  |  |  |  |  |  |
| *Opt. 2: Inbound* |  |  |  |  |  |  |  |  |
| ***Trip 3, to***  *\_\_\_\_\_\_\_\_\_\_\_\_\_* | M T W T F S Su |  |  |  |  |  |  |  |
| *Opt. 1: Outbound* |  |  |  |  |  |  |  |  |
| *Opt. 1: Inbound* |  |  |  |  |  |  |  |  |
| *Opt. 2: Outbound* |  |  |  |  |  |  |  |  |
| *Opt. 2: Inbound* |  |  |  |  |  |  |  |  |
| ***Trip 4, to***  *\_\_\_\_\_\_\_\_\_\_\_\_\_* | M T W T F S Su |  |  |  |  |  |  |  |
| *Opt. 1: Outbound* |  |  |  |  |  |  |  |  |
| *Opt. 1: Inbound* |  |  |  |  |  |  |  |  |
| *Opt. 2: Outbound* |  |  |  |  |  |  |  |  |
| *Opt. 2: Inbound* |  |  |  |  |  |  |  |  |