



Westmoreland

**ESCORT FORM**

**APPLICANT – PLEASE COMPLETE THE TOP PORTION OF THIS FORM**

Date: \_\_\_\_\_

Name of applicant: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street City State Zip

Do you require an escort when you travel? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you require a wheelchair accessible vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

**PLEASE HAVE YOUR PHYSICIAN COMPLETE THE SECTION BELOW**

The person's disability can generally be described as (please print or type information): \_\_\_\_\_

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

- \_\_\_\_\_ 1. The disability will last longer than twelve months
- \_\_\_\_\_ 2. The disability is temporary and can be expected to last until \_\_\_\_\_ / \_\_\_\_\_  
Month Year

Under what conditions is an escort required? \_\_\_\_\_

\_\_\_\_\_

Name of physician: \_\_\_\_\_

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

\_\_\_\_\_

Phone No: \_\_\_\_\_

License No: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

**WHEN PROPERLY COMPLETED, PLEASE MAIL TO:**

WESTMORELAND TRANSIT  
PARATRANSIT DEPT  
41 BELL WAY  
GREENSBURG, PA 15601