

gwinnettcounty
Senior Services
Get In Gear

Transportation Voucher Program
Service Provider Form



Please fill this form out electronically and print.

Company name:	# Years in business:
Subsidiary of corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name/phone of corporation:	E-mail address:
Contact name	Title
Street address City, State, Zip	Phone
Address reimbursement checks to be sent to, if different. Name	
Street address City, State, Zip	

Language ability <i>Please check all that apply</i>	<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> OTHER, please specify
--------------------------------------------------------	----------------------------------	----------------------------------	------------------------------------------------

Passenger Support:

Complete the following table to show types and number of vehicles operated with passenger capacity of each.

Type	Number of vehicles	Passenger capacity
Cars		
Sports Utility Vehicles		
Vans		
Vans with lift		
Bus		
Medical vans		

How are the transportation services provided by your company insured? (Check all that apply)

Private insurance Type _____ Amount _____
 Self-insured Type _____ Amount _____
 OTHER Type _____ Amount _____

Who normally drives your agency/organization's vehicles to provide transportation services for customers? (Check all that apply)

Volunteer Individuals hired specially as drivers
 Staff OTHER (Please specify) _____

Do you require the people who drive your vehicle to have a Commercial Drivers License (CDL)?

Yes – Why? _____

No – Why? _____

Services provided/needs accommodated:

Do you provide door-to-door service? Yes No
Do you provide passenger assistance? Yes No
Do you allow escorts? Yes No

What is your service area? _____

Flat Rate _____

Per Hour _____

Per Mile _____

Do you have a minimum time requirement? Yes No

If yes, what is it? _____

What is your Senior Citizen Discount? _____

Age for discount? _____

Is there a cancellation fee? Yes No

If yes, what is that fee? _____

Does your company provide and maintain a drug-free workplace? Yes No

Note any other information regarding your services:

Business License #	Tax ID#	Member of Chamber of Commerce or Local Business Associations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give name(s):
--------------------	---------	----------------------------------------------------------------------------------------------------------------------------------------------------

List business references (name/phone):

I certify that the information provided in this application is true and correct.

Signature of Company Representative _____ _____
Title *Date*

Mail to:
Gwinnett Senior Services Center
Get In Gear
567 Swanson Drive
Lawrenceville, GA 30043
or fax to 678.377.6753