



**Rides for Wellness Transportation
Voucher Application**

**Funded by: United Way of Dubuque
Area Tri-States**



NAME (please print): _____			
_____	_____	_____	_____
Street Address	City, State, Zip Code	Telephone Number	Date

Date of Birth: ___/___/___

Contact in case of emergency:

Name/Relationship _____ **Telephone Number:** _____

First & Last Names & ages for others in Household:

- | | | |
|----|----|----|
| 1) | 3) | 5) |
| 2) | 4) | 6) |

1) **Do you have insurance:** Yes Type: _____ No

2) **Will anyone else be traveling with you?** Yes No

3) **Purpose of trip(s):** _____

4) **Date & Time rides(s) needed:** _____

For United Way grant funding purposes, please provide the following:

Income Source(s): _____ **Monthly Household Income(s):** _____

5) **Are you a Veteran?** Yes No

Email form to: Tricia Wagner @ twagner@ecia.org

Or mail to Tricia Wagner, RTA at:

7600 Commerce Park | Dubuque, IA 52002 | 563-690-5761
1-800-839-5005