



**Rides to Wellness Transportation  
Voucher Application**

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



<b>NAME (please print):</b> _____			
_____	_____	_____	_____
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):** \_\_\_\_\_

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

**Email form to: Tricia Wagner @ [twagner@ecia.org](mailto:twagner@ecia.org), Stacie Scott @ [sscott@ecia.org](mailto:sscott@ecia.org), Laura Richard @ [lrichard@ecia.org](mailto:lrichard@ecia.org) and Deb Brandel @ [dbrandel@ecia.org](mailto:dbrandel@ecia.org)**

**Or mail to Tricia Wagner, RTA at:**

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