

TRANSPORTATION APPLICATION

Montgomery County Veterans Service Commission
627 Edwin C. Moses Blvd., 4th Floor, East Medical Plaza, Dayton OH 45417
Phone: 937-225-4801 Fax: 937-225-4854

The Montgomery County Veterans Service Commission will provide transportation through the Regional Transit Authority (RTA) for Veterans who have a verified medical appointment at the Dayton VA Medical Center, Dayton Vet Center, and/or any other medical provider. Once the following required information is received, your application will be processed for verification and a RTA bus pass will be mailed to you.

❖ **The Veteran being transported must be ambulatory. If you are unable to walk to a bus stop due to disability or mobility issues, you must contact RTA (937-425-8300) and apply for RTA Connect Paratransit. Once approved, we will mail you RTA Connect Paratransit passes.**

Completed

_____ A copy of all your DD-214s unless previously provided. You must have an honorable or under honorable (general) character of service, which must be visible on the DD-214 copy.

_____ Proof of residency of Montgomery County for at least 90 days.
(i.e., utility bill with your address)

_____ A copy of your current, valid Ohio photo identification.

_____ A copy of your scheduled medical appointment for every appointment you are requesting transportation.

I have read, understand, and provided the required documents for receiving transportation assistance from Montgomery County Veterans Service Commission. I further understand that funding for the Montgomery County Veterans Service Commission is through property tax revenues and understand that the Montgomery County Veterans Service Commission diligently works to ensure all assistance is dispersed in the best interest of those taxpayers. I further understand that knowingly providing false, misleading or incomplete information when applying for transportation assistance may result in the denial of assistance now and in the future, required restitution, and subject to criminal prosecution. I hereby certify that all statements provided by me at any step of the application process are true, complete, and correct to the best of my knowledge.

Veteran Applicant's Signature

Date

Printed Name _____

Address _____

Email Address _____

Phone Number _____