



Lex-Care Bus Pass Request Form

*48- hour notice preferred
Fax referral to 859.422.5993*

To Make a Transportation Request Bus Pass

- Complete Lex-Care Bus Pass request form.
- Fax request.
- If you do not receive confirmation within 48 hours please contact Alicia Searl at agsearl@bluegrass.org

Today's Date: _____

Name of Passenger: _____

D.O.B.: _____

Purpose of trip:

- for doctor's appointments
- for medical tests, rehabilitation, etc.
- to pick up prescription medication
- to attend parent/ teacher conferences (please check with Family Resource Center first)
- for social service appointments
- for transportation to job / job interview
- other _____

* other special considerations with approval by Lex-Care Rides committee

Referring Agency : _____

Contact Person : _____

Email address : _____

Phone number : _____

Mailing address for Referring Agent: _____

Request Approved by: _____

LexCare RIDES Contact

Revised 6/11

