



Lex-Care Bus Pass Request Form  
email referrals to  
Lexcare.org@gmail.com

To Make a Transportation Request Bus Pass

- Complete Lex-Care Bus Pass request form.
- Email request.

If you do not receive confirmation within 48 hours please contact our office at (859) 699-9859 or email us at Lexcare.org@gmail.com

Today's Date: \_\_\_\_\_

Name of Passenger: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

Purpose of trip: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* 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: \_\_\_\_\_