



**HandyDART Subscription Request Form**

REQUESTED START DATE: \_\_\_\_\_ DAYS: (circle) M T W H F S U

CLIENT NAME: \_\_\_\_\_ CLIENT NUMBER: \_\_\_\_\_

FROM: (pickup address) \_\_\_\_\_ PHONE: \_\_\_\_\_

TO: (destination address) \_\_\_\_\_ PHONE: \_\_\_\_\_

PURPOSE OF TRIP: \_\_\_\_\_ P/U TIME: \_\_\_\_\_ DUE TIME: \_\_\_\_\_ RETURN TIME: \_\_\_\_\_

MOBILITY AID: (if so, what will the mobility aid will the client be using) \_\_\_\_\_

ATTENDANT: (circle) YES NO

ADDITIONAL COMMENTS: (if you are requesting a change to an existing subscription trip, please provide details here) \_\_\_\_\_

Please provide your information below:

NAME/TITLE: \_\_\_\_\_

PHONE: \_\_\_\_\_

DATE SENT: \_\_\_\_\_

**(FAX REQUEST TO HandyDART: 778-452-2875)**

Information below is to be filled out by HandyDART staff only:

DATE RECEIVED: \_\_\_\_\_ BY: \_\_\_\_\_

REQUEST (check): ENTERED \_\_\_\_\_ DENIED \_\_\_\_\_ WAITING LIST \_\_\_\_\_ DATE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_