Way2Go Transportation Proxy Form

Last Name: ___________________________ First Name: ___________________________ Middle Initial: ___

Birth Date: __________/________/________

<table>
<thead>
<tr>
<th>PROXY CONTACT INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proxy #1 Name: _______________ Relationship: ___________ POA: Yes / No</td>
</tr>
<tr>
<td>Home Phone: (<em><strong>) ___________ Cell Phone: (</strong></em>) ___________ Email Address: ______________</td>
</tr>
</tbody>
</table>

| Proxy #2 Name: _______________ Relationship: ___________ POA: Yes / No |
| Home Phone: (___) ___________ Cell Phone: (___) ___________ Email Address: ______________ |

I am a consumer of CICOA’s Way2Go Transportation services. I authorize the person(s) listed above to act as my proxy to purchase discount taxi fare, wheelchair vouchers, My Freedom vouchers or scheduling transportation on my behalf when I am not able to conduct this transaction personally.

Consumer Signature: ___________________________ Date: ____/____/____

Person completing form for Applicant (if applicable): ___________________________ Date: ____/____/____

Relationship: ___________________________ Date: ____/____/____

This information does not need to be completed if person(s) are listed as emergency contact(s) on application.

Please return the completed form to the Way2Go Transportation Department:

Email: transportation@cicoa.org
Fax: 317-803-6151

Mailing Address:
CICOA Aging & In-Home Solutions
ATTN: Way2Go Transportation
8440 Woodfield Crossing Blvd., Suite 175
Indianapolis, IN 46240-2476

If you have questions regarding this form, please contact our Department via email at transportation@cicoa.org. You can also reach us by phone at 317-803-6153

WTPF 11.15.17