



## Way2Go Transportation Proxy Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### PROXY CONTACT INFORMATION

Proxy #1 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ POA: Yes / No  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

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): \_\_\_\_\_

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](mailto: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](mailto:transportation@cicoa.org). You can also reach us by phone at 317-803-6153