



My Freedom 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 My Freedom Transportation services**. I authorize the person(s) listed above to act as my proxy to scheduling transportation or place orders 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

Fax: 317-803-6151

Mailing Address:

CICOA Aging & In-Home Solutions

ATTN: **My Freedom Transportation**

8440 Woodfield Crossing Blvd., Suite 175

Indianapolis, IN 46240-4359

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