

Trumbull County Transit
Senior or Disabled Transportation Application
2959 Youngstown Warren Rd. SE.
Warren, Ohio 44484
Interim Transit Administrator Diane Jurkovic
Phone #: (330)675-2873
E-mail: eapumphr@co.trumbull.oh.us
Fax #: (330)675-7865

TTY SERVICE IS AVAILABLE OHIO RELAY NUMBER (1-800-750-0750)

Transportation Registration Form Instruction Page

Trumbull County residents age 60 and over or Disabled who may need transportation must make a one-time application as found on the next page. Please return the application **along with proof of age documentation.** If application is not on file, transportation will not be scheduled or provided until registration is received by the Transit Administrator.

Upon request, you will receive a one-page application as well as the brochure that contains information regarding the transportation that is available to you. If the consumer requests the information by e-mail or provides an e-mail address on the application, the approval will be e-mailed to you from the following sender: eapumphr@co.trumbull.oh.us Remember to check your e-mail. If no email is provided you will receive a call that you have been approved. Keep the brochure handy as that document has the numbers you will need to request your transportation.

Once you receive notification that the application has been approved, you can begin to schedule the following day. Remember to schedule **at the latest** two days prior to the requested need. To schedule, when you call the providers, if you are on the updated list, your transportation request will be filled. Should your name not appear and you are denied that trip, call the Transit number as provided at the top of this page.

This program is available in part from Senior Levy Funds and ODOT
5310 Grant Funds

Trumbull County Transit
Senior or Disabled Application (Amended May 19,2026)

Passenger Name: _____

Date of Birth: _____ **MUST ATTACH COPY OF ANY ONE OF THE FOLLOWING FOR PROOF OF AGE:**
* DRIVERS LICENSE * STATE ID * BIRTH CERTIFICATE

Are you Disabled? ☐ Yes ☐ No

Address: _____

Mailing City: _____ Township/City/Village _____
Of Residence

Zip code: _____

Home Phone: _____ Mobile Phone: _____

E-Mail Address: _____

(If you have an e-mail address, the information you receive will be from sender eapumphr@co.trumbull.oh.us

Emergency Contact:

Name: _____ Phone: _____

- 1) ☐ Medicare or ☐ Medicaid? Please check one or if dual, check both.
- 2) Do you have an assigned Jobs and Family Case Worker who has arranged FREE Medical Appointment Transportation? ☐ Yes ☐ No
- 3) Do you currently have Supplemental Insurance that covers Medical Appointment Transportation? ☐ Yes ☐ No
- 4) Are you a Veteran? Please check ☐ Yes ☐ No Branch of service: _____
- 5) Do you use any of the following equipment or assistive devices?

☐ Wheelchair ☐ Walker ☐ Cane/Crutches ☐ Oxygen ☐ Service Animal ☐ Other

I have read the above Policy and agree that the information submitted is correct and accurate. I give permission to Trumbull County Transit to release my name to appropriate agencies so that I may qualify for the transportation system. I acknowledge that if I have insurance coverage for transportation, or other available programs that I have been assigned, I will utilize that program until exhausted prior to utilizing Trumbull County Transit

(Signature) _____ **Date:** _____

Passenger or Caregiver

1. Mail or E-mail: Completed Transportation Application with copy of ID to:
2. Trumbull County Transit
2959 Youngstown Warren RD SE
Warren, Ohio 44484 e-mail: eapumphr@co.trumbull.oh.us

If submitting by email, download completed form and attach it to above email address.

This Section for Trumbull County Transit Office Only!

Approved ☐ Not Approved ☐ Signature _____ Date _____