

Trumbull County Transit
Senior Transportation Application (age 60 and up)
2959 Youngstown Warren Rd. SE.
Warren, Ohio 44484
Administrator Mike Salamone
E-mail: cesalamo@co.trumbull.oh.us
Fax #: (330)675-7865
Phone #: (330)675-2873

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

Transportation Registration Form Instruction Page

Trumbull County residents age 60 and over 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.** **PLEASE NOTE: REQUIRED PROOF OF AGE DOCUMENTATION MUST ACCOMPANY THE APPLICATION and ALL questions answered and the application must be signed and dated or the application will not be requested.** 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: cesalamo@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, contact Mike Salamone (information at the top of this page).

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

Trumbull County Transit
Senior Application (Amended February 2026)

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 an appropriate agencies so that I may qualify for this assistance. 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 Senior Levy funded.

(Signature) _____ **Date:** _____

Passenger or Caregiver

Passenger Name: _____

Date of Birth: _____ (MUST ATTACH COPY OF DRIVERS LICENSE OR STATE ID OR BIRTH CERTIFICATE)

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 cesalamo@co.trumbull.oh.us

Emergency Contact:

Name: _____ Phone: _____

- 1) Medicare or Medicaid? Please circle one or if dual, circle both.
- 2) Do you get Medical Appointment Transportation through a caseworker provided program with JFS (Jobs and Family Services) also known as Trumbull County Medicaid NET / NEMT (Non-Emergency Medical Transportation)/Title XXX Program? Y or N
- 3) Do you have an assigned Jobs and Family Case Worker? Y or N
If so, name of the case worker _____
- 4) Do you currently have Supplemental Insurance? Y or N
Insurance Co Name _____
If so, please call your insurance company and ask if your policy covers medical transport.
Once called, did your insurance company say you have medical transportation coverage? Y or N
- 5) Are you a Veteran? Please circle Y or N Branch of service: _____
- 6) Do you use any of the following equipment or assistive devices?

Wheelchair Walker Cane/Crutches Oxygen Guide Dog Other

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

This Section for Trumbull County Transit Office Only!

Approved Not Approved Signature _____ Date _____