



TAP Reimbursement Request

If you need assistance filling out this form, please call: 859-379-8230

Name of person requesting assistance: _____

Address: _____

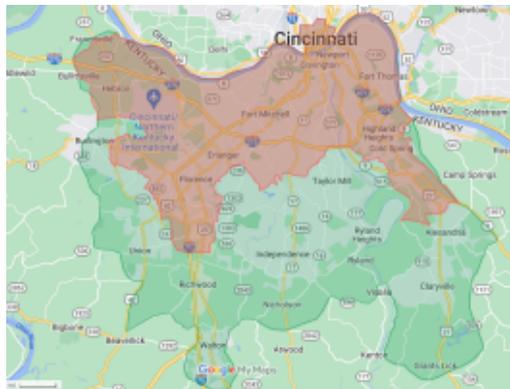
Email: _____ Phone: _____

Name of person assisting with form (if applicable): _____

1. Are you a brain injury survivor? **Yes** **No**

2. Do you live in the RAMP service area Zone 1 or Zone 2 (see image)? **Yes** **No**

Zone 1 is outlined in orange. Zone 2 is outlined in darker green.



Ramp service area provided by <https://www.tankbus.org/ramp-paratransit/service-area/>

3. Were you unable to drive or provide your own transportation to the doctor evaluation or RAMP assessment? **Yes** **No**

4. How much did it cost you to travel to your doctor's evaluation and the RAMP assessment (please include photos of your receipts)? _____

Signature: _____ Date: _____

Please return this form and any receipts to info@biank.org.