



## Transportation Assistance Program (TAP)

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

Name of person requesting assistance: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of person assisting with form (if applicable): \_\_\_\_\_

1. Have you had a brain injury?                      **Yes**                      **No**
2. Do you have a medical recommendation that you do not drive a car? **Yes**                      **No**

You can request up to \$50/month to be used for transportation expenses at your discretion.

What is the total monthly dollar amount of this request? \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please return the (1) completed form and (2) medical recommendation to [info@biank.org](mailto:info@biank.org)*