

# TAP Reimbursement Request

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

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

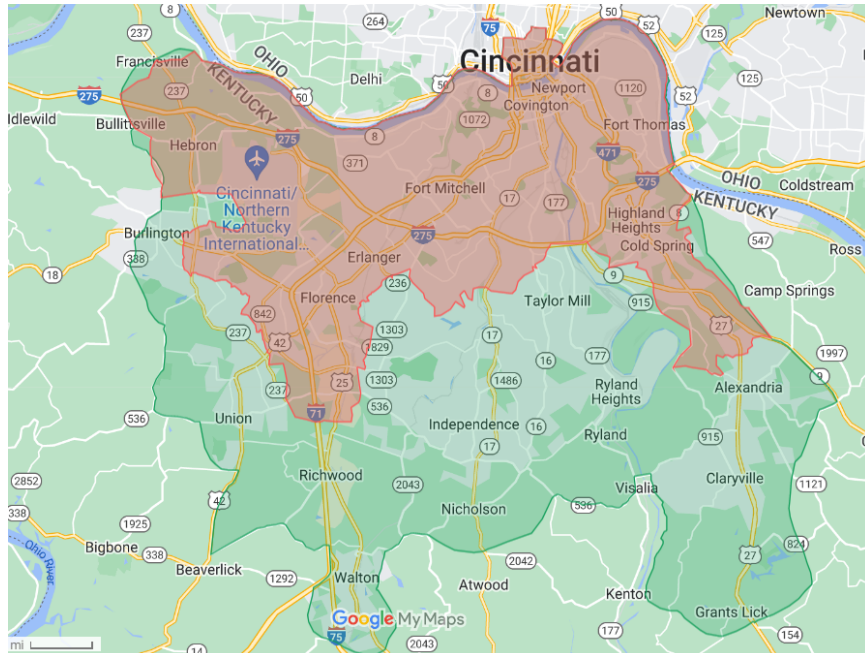
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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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)? \_\_\_\_\_

**Please return this form and any receipts to [jwpayne15@gmail.com](mailto:jwpayne15@gmail.com). Committee meets monthly to approve reimbursement requests.**