

UNION/SNYDER TRANSPORTATION ALLIANCE
CERTIFICATION FOR FREE ESCORT

Client Name: _____

Address: _____

City/State/Zip: _____

Social Security #: _____

The above named client is eligible for free escort service due to the following health concern:

- _____ Client is wheelchair bound
- _____ Client is visually impaired
- _____ Client is hearing impaired
- _____ Client has a mental health concern, i.e. Alzheimers
- _____ Driver has reported a concern to office that client cannot manage by themselves safely.
- _____ Other: _____

USTA/AAA Representative

Date