

CTSA INTEREST FORM

Thank you for expressing interest in participating in the vision of the CTSA to enhance mobility across the Coachella Valley. Please indicate below your area of specialized transportation, as well as your contact information and the best way to reach you.

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|---|--|--|--|
| ☐ NEMT | ☐ Senior Care | ☐ Hospital/Medical Center | ☐ Veterans |
| ☐ Family Services | ☐ Youth Services | ☐ Social Services | ☐ Tribal Services |
| ☐ Mental Health Services | ☐ Senior Travel Companion | ☐ TNC (Uber/Lyft) | |

Name:

Address:

City:

State:

Zip:

E-Mail:

Phone:

Preferred method of communication: ☐ Phone ☐ E-Mail ☐ U.S. Mail