

ALLEN COUNTY VETERANS SERVICE COMMISSION
TRANSPORTATION
REGISTRATION FORM

NAME _____

ADDRESS _____

PHONE NUMBER _____

DATE OF BIRTH _____

SOCIAL SECURITY
NUMBER _____

NEXT OF KIN/CONTACT PERSON _____

NEXT OF KIN/ CONTACT PERSONS ADDRESS/ PHONE
NUMBER _____

BRANCH OF SERVICE _____

DATE OF ENTRY _____

DATE OF SEPERATION _____

***** PLEASE ATTACH A COPY OF YOUR DD214/MILITARY SEPERATION PAPERS*****

DO YOU REQUIRE PICK UP AT YOUR PLACE OF
RESIDENCE? _____

IF YES, PLEASE PROVIDE THE ALLEN COUNTY VETERANS SERVICE OFFICE WITH
DOCUMENTATION FROM YOUR MEDICAL PROVIDER STATING THAT YOU ARE
PHYSICALLY UNABLE TO MEET THE ACVSO VAN AT THE DESIGNATED AREA
(ALLEN COUNTY COURTHOUSE).

YOU HAVE 30 DAYS TO PROVIDE MEDICAL DOCUMENTATION FROM YOUR
MEDICAL PROVIDER TO CONTINUE YOUR PICKUP. IF YOU CAN NOT PROVIDE THE
OFFICE WITH THIS DOCUMENTATION WITHIN 30 DAYS, WE WILL NO LONGER BE
ABLE TO PICK YOU UP AT YOUR RESIDENCE AND ASK THAT YOU MEET THE VAN
AT THE COURTHOUSE AT THE SPECIFIED LEAVE TIME.

*****PARKING IS LOCATED IN THE PARKING LOT ACROSS FROM THE COURTHOUSE AND THERE IS ALSO
ANOTHER PARKING LOT NORTH OF THE COURTHOUSE RIGHT BEFORE THE RAILROAD TRACKS*****