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 SEPARATION_____

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

DO YOU REQUIRE PICK UP AT YOUR PLACE OF RESIDENCE?
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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 TRANSPORTATION CENTER 201 E. NORTH ST.).

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 TRANSPORTATION CENTER AT THE SPECIFIED LEAVE TIME.

******PARKING IS LOCATED IN THE PARKING LOT NEXT TO OUR TRANSPORTATION BUILDING LOCATED AT 201 E. NORTH ST. ********