



**REFERRAL/APPLICATION FOR ONGOING  
DIALYSIS TRANSPORT ONLY**

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*Last First*  
*Street Address*

\_\_\_\_\_ *City State Zip Code*

Mailing Address if different from Above: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone (of Patient): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last 4 of Social: \_\_\_\_\_

**Gender**

Female  Male

**Mobility Aids**

Manual Wheelchair  Electric Wheelchair  Motorized Scooter  Crutches  Cane  Walker

**Disability**

Mobility Disability  Vision Disability  Hearing Disability  Cognitive Disability  Mental Disability  
 Oxygen Tank  Service Animal  None Other \_\_\_\_\_

**You will receive a phone confirmation from DTS in regard to receipt of this application. DIALYSIS TRANSPORTATION IS MONDAY THROUGH FRIDAY ONLY. As of 12/31/2013 NO WEEKENDS OR HOLIDAYS. Completion of this application does not guarantee approval or utilization of the service. Normally there is a waiting list for ongoing Dialysis Transport. A DTS representative will explain this in more detail.**

Gloucester County Transportation Services is a "fare free" service. Donations are NOT REQUIRED, but graciously accepted by requesting a donation envelope from the vehicle driver

← PLEASE COMPLETE BACK →

Mail Application To:  
Gloucester County Division of Transportation Services  
115 Budd Blvd., West Deptford, NJ 08096  
Or Fax # 856-686-8361



Gloucester County Division of Transportation Services

REFERRAL/APPLICATION FOR ONGOING DIALYSIS TRANSPORTATION ONLY

Referring Agency/Person: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Do you currently use NJ Access Link Services? Yes No

If you answered No to previous question, have you ever applied for NJ Transit Access Link? Yes No

Have you ever been denied NJ Transit Access link? Yes No

If Yes, Please list reason why you were denied. \_\_\_\_\_

Are you willing and able to utilize public transportation? Yes No

Have you ever used public transportation? Yes No

If you answered No, please indicate why. \_\_\_\_\_

**We presently ONLY transport to the Dialysis Unit closest to your home, Monday through Friday (NO WEEKENDS OR HOLIDAYS). Please indicate the Dialysis unit you require transportation to:**

(The choices below are presently the only valid locations for transport)

FRESENIUS WOODBURY

KENNEDY SEWELL

RENAL DAVITA SEWELL / MANTUA

FRESENIUS SWEDESBORO

**SELECT DAY(S) OF THE WEEK TRANSPORTATION IS NEEDED:**

Monday  Tuesday  Wednesday  Thursday  Friday  One Way  Round Trip

**Indicate your appointment time / chair time below:**

APPOINTMENT / CHAIR TIME \_\_\_\_\_ DURATION OF TREATMENT \_\_\_\_\_

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