

For MAP Transportation Program Clients who reside in Ramsey County:

In order to provide Transportation Services to clients residing in Ramsey County, this information will be shared with The American Red Cross of the St. Paul Area.

American Red Cross

Transportation Request Form

Name _____

Address _____ Apt.# _____

City _____ State _____ Zip _____

Phone _____ Date of Birth _____

Social Security # _____

Medical Assistance # _____

Gender ____ M ____ F

Ethnic Background African American Native American Asian
 Caucasian Hispanic African Other:

Language Primary _____ Secondary _____

Contact Person (English Speaking) _____ Phone _____

Need Help to Vehicle? No Yes – Special Needs:

Additional Assistance Ambulatory Cane Walker Personal Wheelchair