

Roscommon County Transportation Authority
2665 S. Townline Road
PO BOX 284
Prudenville, MI 48651
989-366-5309

(Medically Homebound Patient Prescription Delivery Form)

Section 1: Passenger Information

Name: _____

Home Address: _____

Building Name: _____ Apartment Number _____

City: _____ State: _____ Zip _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____

Section 2: Verification - Any passenger who is medically homebound and in need of prescription delivery needs to have their **doctor** complete the following:

I attest that _____ (name) is eligible for homebound prescription delivery.

Signature: _____

Print Name of Professional: _____

Agency (if applicable): _____

City: _____ State: _____ Zip _____

Phone number: _____

Section 3: Emergency Contact Information

List the names of two people and/or agency (if appropriate) which may be contacted in case of an emergency:

Contact #1

Name: _____ Relationship: _____

Phone: _____ Alternate Phone: _____

Address: _____

Contact #2

Name: _____ Relationship: _____

Phone: _____ Alternate Phone: _____

Address: _____

Please have health care professional's office fax completed document to (989) 366-4122