

**Passenger Information – First Lutheran Transportation Ministry**

Name \_\_\_\_\_

Do you have another name a doctor may use? Example: Your name is Margaret, but you go by Peg.

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Best way to contact you \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ OK to Text? \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone number: \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Disability challenges and/or equipment you may be using: walker, wheelchair, cane, visually challenged, hearing challenged, use of oxygen, diabetes, other

\_\_\_\_\_  
\_\_\_\_\_

Please return completed forms to:

Linda Maack  
6360 Ashbrook Drive  
Lincoln, NE 68516  
[lindasmaack@gmail.com](mailto:lindasmaack@gmail.com)  
(402) 560-6040