



Caregiver Authorization Form

The Adams County Council on Aging operating Adams County Transit Public Transportation recognizes and appreciates those in our community who care for their loved one's day in and day out. Caregivers, we understand that you need to assist your family member and be an extra set of eyes and ears when going into the community, especially to medical appointments. Adams County Transit allows a caregiver to ride for free with their family member once we have this form signed by a medical professional and returned to the office. We are asking for documentation to deter residents trying to work the system and just ride for free. This form will be in effect until you tell us otherwise. We appreciate your compassion caring for others.

Rider name: _____

Caregiver name: _____

Caregiver signature: _____

Medical Professionals: We understand your time is valuable and we appreciate you. If you would please print and sign your name below we would appreciate it. We are hopeful that having this pre-made form will make it easier for you to help us verify caregivers.

Printed name	Signature	Date
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Once this form is completed, please return to a driver or mail to the office at your earliest convenience.

Adams County Council on Aging
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