

Please print or type.

Jamal Strange

Name of Supporter

9629 bustleton Ave apt. 419 Philadelphia, PA 19115

Street Address

City or Municipality

State

Zip Code

James Grant

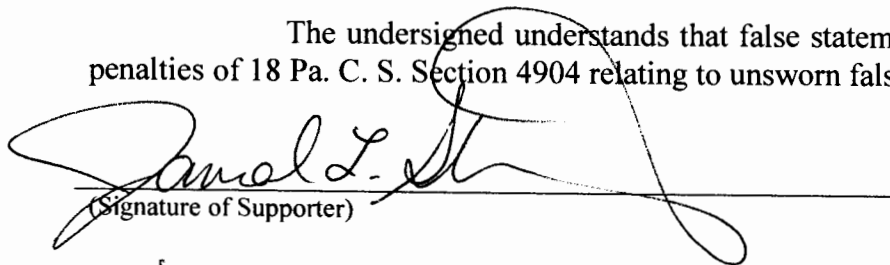
Name of Applicant

- Describe the type of transportation service needed.
The type of transportation need is to get me to and from my doctor appointments, grocery store, and follow up appointments.
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
The usual destination and origin will be my resident which is located in west philadelphia to my doctors office located in central philadelphia.
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis? This service will be used daily, I see multiple doctors and can have appointments scheduled from monday - friday.
- Are there others in your area who provide this service, and if so, why do you prefer not to use them? Not that I am aware of.
- Have you supported similar applications in the past? If so, who was the applicant?
I have not supported similar applications in the past.

VERIFICATION OF STATEMENT

The undersigned deposes and says that he/she is the person who signed the Statement for the above-captioned applicant/application and that he/she is authorized to and does make this verification and that the facts set forth therein are true and correct to the best of his/her knowledge, information, and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.


(Signature of Supporter)

6/29/15
(Date)

Jamal Strange
(Supporter's Name, printed or typed)