

FAMILY TRANSPORTATION ENROLLMENT FORM

Complete this form to enroll a Family Member for reimbursement of Transportation costs.

District Information - Select the District in which you receive services.

- | | |
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| <input type="checkbox"/> 1-1 Rome (Northwest Health District)
<input type="checkbox"/> 1-2 Dalton (North Georgia Health District)
<input type="checkbox"/> 2 Gainesville (North Health District)
<input type="checkbox"/> 3-1 Cobb/Douglas (Cobb/Douglas Health District)
<input type="checkbox"/> 3-2 Fulton (Fulton Health District)
<input type="checkbox"/> 3-3 Clayton (Clayton County Health District)
<input type="checkbox"/> 3-4 East Metro (East Metro Health District)
<input type="checkbox"/> 3-5 DeKalb (DeKalb Health District)
<input type="checkbox"/> 4 LaGrange (LaGrange Health District) | <input type="checkbox"/> 5-1 Dublin (South Central Health District)
<input type="checkbox"/> 5-2 Macon (North Central Health District)
<input type="checkbox"/> 6 Augusta (East Central Health District)
<input type="checkbox"/> 7 Columbus (West Central Health District)
<input type="checkbox"/> 8-1 Valdosta (South Health District)
<input type="checkbox"/> 8-2 Albany (Southwest Health District)
<input type="checkbox"/> 9-1 Coastal (Coastal Health District)
<input type="checkbox"/> 9-2 Waycross (Southeast Health District)
<input type="checkbox"/> 10 Athens (Northeast Health District) |
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Child Information

First Name _____ MI _____ Last Name _____

Child Date of Birth _____

Family Member Information

- ☐ **Add Family Member**
☐ **Change Family Member Information**
 Please indicate the type of change:
 ☐ Name
 ☐ Address
 ☐ Phone
 ☐ Email

Family Member SSN _____

Family Member First Name _____ MI _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Phone# () _____ EXT _____ Email _____

Family Signature

Family Member Signature _____ Date _____

District Signature

District Signature _____ Date _____

District Contact Name (please print) _____ Phone # () _____

Please complete this Enrollment Form and submit to your District

Central Finance Office
 Phone: 855-708-6612