

# RICHLAND COUNTY JOB & FAMILY SERVICES

## Main Office

171 Park Avenue East  
Mansfield OH 44902  
Fax: 419-774-0051  
419-774-5400

Lori Bedson, Director

Ohio Relay Voice/TDD: 800-750-0750  
RCJFS Toll Free: 1-888-774-5400

## OhioMeansJobs

183 Park Avenue East  
Mansfield OH 44902  
Fax: 419-774-5380  
419-774-5300

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## Bus Ticket – Client Request Form

Do you need a city bus ticket for your next appointment but have problems calling our transportation coordinator? As soon as you find out about your next appointment please complete the form below. You can mail the form to us in the self-addressed stamped envelope. Please give a 2 week notice of appointments.

1. Name of person requesting bus tickets: \_\_\_\_\_  
Phone number or message number: \_\_\_\_\_

2. First and Last Name of person who has the appointment(s): \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Address to mail tickets to: \_\_\_\_\_  
\_\_\_\_\_

3. List all appointments for the month that city bus tickets are needed:

1. Appointment Date: \_\_\_\_\_ Appointment Time: \_\_\_\_\_  
Name of Agency or Medical Provider's Name: \_\_\_\_\_

2. Appointment Date: \_\_\_\_\_ Appointment Time: \_\_\_\_\_  
Name of Agency or Medical Provider's Name: \_\_\_\_\_

3. Appointment Date: \_\_\_\_\_ Appointment Time: \_\_\_\_\_  
Name of Agency or Medical Provider's Name: \_\_\_\_\_

4. Appointment Date: \_\_\_\_\_ Appointment Time: \_\_\_\_\_  
Name of Agency or Medical Provider's Name: \_\_\_\_\_

5. Appointment Date: \_\_\_\_\_ Appointment Time: \_\_\_\_\_  
Name of Agency or Medical Provider's Name: \_\_\_\_\_

6. Appointment Date: \_\_\_\_\_ Appointment Time: \_\_\_\_\_  
Name of Agency or Medical Provider's Name: \_\_\_\_\_

4. Is an aide or other person going with client?  Yes  No

Please list any other appointments on the back of this form.

For transportation services or if you have questions, please call

419-774-5470.