



Travel Assistance Program

Name: _____

Address: _____

Email: _____ Phone: _____

Purpose of Travel:

_____ Clinic Appointment _____ Doctor Appointment _____ Research Appointment

Date/Time of Appointment _____

Emory Clinic _____ Emory Brain Health Center _____

How far away do you live from the Emory ALS Center? _____

Please tell us about your mobility (walking with assistance? Wheelchair? Rollator?)

What assistance/caregiving do you need to get dressed, hygiene, etc.?

Do you need transportation? _____ Yes _____ No

Preferred method of contact from the Goode Foundation:

Email _____ _____ Phone