



EASTER SEALS AND YOUNGSTOWN HEARING & SPEECH

Transporting Older and Disabled Passengers 2017 Training

An educational program for drivers who regularly transport passengers with unique needs related to aging or disability. This class fulfills the transportation quality assurance standards for Older Americans Act Title III services in Ohio and Ohio's PASSPORT Medicaid Waiver program.

Classes will be held at Easter Seals located at 721 Boardman-Poland Road, Suite 103, Boardman, Ohio, 44512. Registration begins 8:30 a.m. and class begins promptly at 9:00 a.m.

Dates for Quarterly Drive Train Classes: \$90.00 per individual (lunch provided)

- February 16th from 8:30 a.m. – 5:00 p.m.
- August 17th from 8:30 a.m. – 5:00 p.m.
- May 18th from 8:30 a.m. – 5:00 p.m.
- November 16th from 8:30 a.m. – 5:00 p.m.

Dates for quarterly Drive Train Refresher Class: \$50.00 per individual (refreshments provided)

- February 15th from 8:30 a.m. – 12:30 p.m.
- May 17th from 8:30 a.m. – 12:30 p.m.
- August 16th from 8:30 a.m. – 12:30 p.m.
- November 15th from 8:30 a.m. – 12:30 p.m.

Anyone arriving to a class after the scheduled start time, will not be permitted to enter and will have to reschedule. Minimum and maximum class size will be determined by the instructor. No refunds permitted, only credit for future classes given. If you're registering for the Refresher Course, *a copy of the original 8 hour Drive Train Class Certificate must be submitted*, with the registration form.

Please send completed registration form in no later than two weeks prior to class to Gary Brooks, LPN, Staff Educator, Certified @ COAAA Drive Trainer to:

Easter Seals
Attn. Gary Brooks
299 Edwards Street
Youngstown, Ohio, 44502

***Reminder ~ Payment is sent to a different address than where classes are held.**

For additional information, please contact Gary Brooks at 330-599-5489
or via email at gbrooks@mtc.easterseals.com



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Drive Train Registration Form

Name: _____ Date: _____

Employer: _____ Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Class Information:

I will attend Drive Train Class Preferred Class Date: _____

I will attend Drive Refresher Class Preferred Class Date: _____

Amount Due \$ _____

Credit Cards Payment:

Credit Card number: _____

Expiration date: _____ Security Code: _____

Card Holder Name (Please Print): _____

Card Holder Signature: _____