

Gregory D. Wright, Jr.
Name of Supporter

2650 Welsh Road Apt 21 Philadelphia PA 19152
Street Address City or Municipality State Zip Code

James Grant
Name of Applicant

- Describe the type of transportation service needed.
(believe there is a need for a non emergency medical transportation service that is differentiated by customer service, one that not only helps transport people to and from their medical and dental appointments but also helps with follow up appointments and the next steps.)
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
My primary residence in Philadelphia to my doctor's office in Philadelphia.
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
It would be great if the service was offered daily.
- Are there others in your area who provide this service, and if so, why do you prefer not to use them?
Yes, there are, but I am seeking a more personalized experience
- Have you supported similar applications in the past? If so, who was the applicant?
N/A

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.

Gregory D Wright, Jr
(Signature of Supporter)

07/21/15
(Date)

Gregory D Wright, Jr
(Supporter's Name, printed or typed)