

# VETERANS TRANSPORTATION PROGRAM ELIGIBILITY FORM

## Section I: Identifying Information

Name (Last, First, MI)

Date of Birth

Address: Street & Number, City, State, & Zip Code

County of Residence

Telephone Number

Social Security Number

Emergency Contact Name

Emergency Contact Phone No.

## Section II: Veterans Eligibility Verification

A copy of your Veterans Administration Identification Card must be submitted with this application.  
 If you have a PA State Welfare Card, or HMO Card, please attach a copy to this application.  
 If you are over the age of 65 and are registered for the Shared Ride program, please attach a copy of your ID Card.

## Section III: Determination of Need for Services

1. Is public transportation (bus service) available within walking distance of your home?  Yes  No
2. Is there any other mode of transportation available to you?  Yes  No
3. Does an escort need to travel with you?  Yes  No
4. If you are in a wheelchair, what type of wheelchair are you in? \_\_\_\_\_ and  
 can you transfer to a motor vehicle?  Yes  No
5. Explain any other disabilities you may have that require specialized transportation: \_\_\_\_\_  
 \_\_\_\_\_
6. Are there any special directions to your residence? \_\_\_\_\_  
 \_\_\_\_\_

Other Funding Services:  Shared Ride  Dept. of Aging  Dept. of Welfare  Other  
 Mode:  Public Transit  Shared Ride  Private Auto  Volunteer Service  Other

## Section IV: Affirmation of Information

I hereby certify to the best of my knowledge, the information contained herein is true, correct and complete. I agree to report any changes in circumstances immediately to WCTA. I understand that documentation of all eligibility factors may be required to determine eligibility correctly or for auditing purposes and that giving knowingly false statements is a criminal offense. I understand that I have the right to request a Department of Veterans Affairs fare hearing. This information statement covers all attachments required for determination of eligibility.

Signature of Passenger or Designee: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only:

Card Issue Date: \_\_\_\_\_ initials \_\_\_\_\_ Data Input Date: \_\_\_\_\_ initials \_\_\_\_\_

Remit to: Freedom Transit  
 50 East Chestnut Street  
 Washington, PA 15301  
 (724) 223-8747  
 Fax: (724) 223-9474