

Shared Ride Transportation Eligibility Form

SECTION 1: Identifying information

Name:	Date of Birth:	
Telephone #:	SSN:	
Address:		
County:		
Emergency Contact:	Relationship:	Phone #:

SECTION 2: Eligibility Verification/Reverification

Proof of Age

A copy of your proof of age must be submitted with this application. *Acceptable items are listed below. If you have a PA State Welfare (ACCESS) card, please attach a copy to this application.

- *1. Driver's License *2. PA Photo ID Card *3. Birth Certificate *4. Pace Card
- *5. Military Discharge Papers *6. Passport *7. Church Baptismal Record
- *8. Naturalization Papers

*If you have none of the above, you may obtain age verification through the Social Security Office. Forms are available from the WCTA office.

SECTION 3: Determination of Need for Services

1. Do you require someone to travel with you?Yes ___ No ___ Sometimes ___
 a. If sometimes, in what circumstances? _____
2. Do you use a wheelchair?.....Yes ___ No ___
 a. If yes, can you transfer to the seat of a motor vehicle?.....Yes ___ No ___
 b. If yes, please explain _____
3. Is there anything that affects the way you should be/can be transported?.....Yes ___ No ___
 a. if yes, please explain _____
4. Do you use a personal mobility device to aid you (i.e. walker, can, scooter, etc.).....Yes ___ No ___
5. Are there any special directions needed to get to your residence? _____

SECTION IV: Affirmation of information...

I hereby certify that 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 the 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 a right to request a Fair Hearing. This affirmation statement covers attachments required for determination of eligibility.

Signature of Applicant	Date Signed	Signature of Interviewer	Date Signed
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Internal Use Only

Card Issue Date: ____/____/____ Initials:____ Data Input Date: ____/____/____ Initials:____
 Applicant 3/4 mile from bus service: Yes ___ No ___

Remit to: Freedom Transit
 50 E Chestnut St., Washington, PA 15301
 fax: 724-223-9474 / ph: 724-223-8747