

# Shared Ride Transportation Eligibility Form

## SECTION I: Identifying information...

Name	Date of Birth	Area Code & Telephone Number
Address: Street & Number, City, Town, State & Zip Code		County of Residence
Nearest Intersecting Road		Social Security Number
Emergency Contact Name:		Telephone Number:

## SECTION II: 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 need to have an aide accompany you on your trips, please submit a physician's verification of this fact.  
 If you have a PA State Welfare card and/or HMO, please attach a copy to this application.

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

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

## SECTION III: Determination of need for services...

1. Is public transit (bus service) available to you?  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  sometimes
4. If you are in a wheelchair, can you transfer to the seat of a motor vehicle?  yes  no  
 If yes, explain \_\_\_\_\_
5. Are there any other effects of your disability of which we need to be aware?  yes  no \_\_\_\_\_
6. Explain any other reasons why you need specialized transportation \_\_\_\_\_
7. Are there any special directions needed to get to your residence? \_\_\_\_\_

Other Funding Services:  Shared Ride  Department of Aging  Department of Welfare  Other (explain) \_\_\_\_\_

Is Applicant Requesting:  Ongoing Services  One Time or Infrequent Service

If Ongoing Service: How often are services needed  One way trips per \_\_\_\_\_ (mo/wk)

Applicant needs: Does the applicant need any specialized transportation such as a wheelchair lift van, etc.?  yes  no

If yes, please specify \_\_\_\_\_

## 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 Passenger	Date Signed	Signature of Interviewer	Date Signed
Card Issue Date: ____/____/____		Initials: ____	
Data Input Date: ____/____/____		Initials: ____	