



1230 Roosevelt Avenue, York, PA 17404
(717) 846-7433 or 1-800-632-9063

APPLICATION FOR SENIOR SHARED-RIDE

Client Name: _____
Last First Middle Initial

Address: _____
Street Address Apt. No. City State Zip
Code

Mailing Address (if different than above): _____

Adams County York County Northumberland County

Home Phone **(REQUIRED)**: _____ Township **(REQUIRED)**: _____

Emergency Contact Name: _____ Phone No. _____

Physician's Name: _____ Phone No. _____

_____/_____/_____ ____/____/_____ Email address: _____@

Soc. Sec. No. Birth date

If under 65, do you have a medical assistance card? ___ Yes ___ No, if yes card # _____

Do you use any of the following mobility aids? (Check all that apply)

___ Manual wheelchair ___ Walker ___ Powered scooter ___ Visually Impaired
___ Electric wheelchair ___ Cane ___ Guide dog

Are there any effects of your disability of which we need to be aware? _____

Do you require an escort? ___ Yes ___ No

(If yes, you must complete an escort form or have your doctor mail us a letter stating that you need one)

Acceptable proof of age documents (one required). Please send a photocopy of your proof of age along with this application. A Medicare card is not an acceptable proof of age.

- | | |
|---|--|
| 1) Armed forces discharge/separation papers | 6) Passport/naturalization papers |
| 2) Baptismal certificate | 7) Pennsylvania ID card |
| 3) Birth certificate | 8) Photo motor vehicle driver's license |
| 4) PACE ID Card | 9) Veteran's Universal Access ID Card |
| 5) Resident Alien Card | 10) Statement of age from U.S. Social Security Administration Office |

I authorize the release and/or receipt of information necessary for the delivery of service to me. I hereby certify that the above information is true and correct, to the best of my knowledge, information and belief.

Signature _____ Date: _____

Adams County Residents Only

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The following information is not required for Shared Ride to sponsor 85% of your trip fare. This information is required by the Adams County Office for Aging, Inc. for reporting purposes.

Ethnic Information:

White ___ African American ___ Am. Indian/Alaskan Native ___

Asian American/Pacific Islander ___ Hispanic Origin ___

Yearly Income (please circle one)

1 Member Household – Above \$10,830 Below \$10,830

2 Member Household – Above \$14,570 Below \$14,570

Other Information

Do you live alone? Yes ___ No ___

Are you frail or functionally disabled? Yes ___ No ___

Do you have adequate housing? Yes ___ No ___

Are there any effects of a disability of which we need to be aware?

Service Requested (Check all that apply)

Transportation

Senior Center Activities

Senior Center Meal