



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

## APPLICATION FOR SHARED-RIDE FOR PERSONS OVER 60

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_  
Street Address Apt. No. City State Zip Code

Mailing Address (if different than above): \_\_\_\_\_

Home Phone (REQUIRED): \_\_\_\_\_ Township (REQUIRED): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone No. \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_      \_\_\_\_/\_\_\_\_/\_\_\_\_      Email address: \_\_\_\_\_@  
Social Security Number      Birth date

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

- Manual wheelchair       Walker       Powered scooter
- 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
- 5) Statement of age from U.S. Social Security Administration Office

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*This page must be completed if you want the York County Area Agency on Aging to sponsor part of the cost of your trips. If you are age 60 or older and choose not to fill out this page, the York County Area Agency on Aging will not sponsor any of the cost of your trips, making your co-payment higher than \$1.00.*

Please circle the answer that best describes you:

<b>ETHNIC GROUP</b>		
1.	BLACK	
2.	HISPANIC	
3.	AMERICAN INDIAN / ALASKAN NATIVE	
4.	ASIAN AMERICAN / PACIFIC ISLANDER	
5.	WHITE	
<b>SEX</b>		
MALE		FEMALE
<b>INCOME</b>		
1.	ABOVE POVERTY LEVEL	2. BELOW POVERTY LEVEL
<p>The U.S. Department of Health and Human Services bases their poverty guidelines on a household's yearly income. The current figures are \$9,570 for one person and \$12,830 for two persons (add \$3,260 for each additional person in household).</p>		
ARE YOU FRAIL OR FUNCTIONALLY DISABLED?	YES	NO
DO YOU HAVE ADEQUATE HOUSING?	YES	NO
DO YOU LIVE ALONE?	YES	NO

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:** \_\_\_\_\_