

**Application for Veteran’s Transportation Services**

**Applying for: Medical Transportation Fixed Route Employment Transportation**

Ecolane ID: \_\_\_\_\_\_

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| **Section 1: GENERAL / Qualifying Questions** | | | | | | | | | |
| First Name: | Middle Name: | | | Last Name: | | | | Phone: | |
| Date of birth: | SSN: | | | | Age: | | Email: | | |
| Street: | | City: | | | State: | Zip Code: | | | County: |
| Emergency Contact Name: | | | Relationship: | | | | Phone #: | | |

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| **Section 2: AGE VERIFICATION - Attach** a legible photocopy of one of the listed forms of proof of age along with this application. **A Medicare card is not an acceptable proof of age.** Please check which verification you are enclosing. | | | | | | |
| Armed forces discharge/separation papers | | | Pennsylvania ID card | | Statement of age from U.S. Soc Sec Office | |
| Photo motor vehicle driver’s license | Passport/naturalization papers | | | | Veteran’s Universal Access ID Card | |
| Birth certificate (Maiden Name)\_\_\_\_\_\_ | | PACE ID Card | | Baptismal certificate | | Resident Alien Card |

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| **Section 3: PROOF OF VETERAN STATUS - Attach** a legible photocopy of your Armed forces discharge/separation papers |

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| **Section 4: DETERMINATION FOR MOBILITY ASSISTANCE -** To be used to help us meet your mobility needs |
| Do you have a Pennsylvania medical assistance card? \_\_ Yes \_\_ No |
| How many blocks can this person walk unassisted? (Circle One): <1 block 1-2 blocks 2-3 blocks 6 blocks 9 blocks |
| What is the nature of the applicant’s disability? Check those that apply.  \_\_ Mobility Disability \_\_ Visual Disability \_\_ Hearing Disability \_\_ Cognitive Disability \_\_ Mental Disability \_\_ Other |
| Is the applicant’s disability permanent? (One that lasts 12 months or longer) \_\_\_\_ Yes \_\_\_\_ No |
| Please check all mobility aids that apply.  \_*\_ Manual Wheelchair \_\_ Motorized Wheelchair \_\_Power Wheelchair \_\_ Crutches* \_\_ *Electric Scooter* *\_\_ Walker \_\_ Requires Escort \_\_ Requires Personal Assistant (Nurse, Health Aide, Etc.) \_\_ Guide/Service Dog \_\_ Cane \_ \_\_ White Cane* |
| Do you require the services of a personal care assistant or escort when you travel? (Someone that is needed to assist  you during the trip or at the origin or destination) \_\_\_ Yes \_\_\_ No \_\_\_ Sometimes |

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| **Section 5: RELEASE OF INFORMATION and CERTIFICATION OF APPLICATION** |
| By signing below, I hereby agree to report any changes to this Service Provider regarding my eligibility for funding assistance. I understand that giving knowingly false statements is a criminal offense. The information will be held by only the Service Provider and its agents in the strictest confidence and will not be shared with any other agency, except the professionals from which we are receiving the information.  Signature of person completing this form \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **BEFORE YOU SUBMIT please check to see if you have:** | **\_\_\_ Proof of Age (See Section 2)** | **\_\_\_ Proof of Veteran Status (See Section 3)** | **\_\_\_Signed Application** |

If you have any questions about the form, please call 717-846-RIDE (7433) or toll free at 1-800-632-9063.

**Please send completed form to:** rabbittransit, 415 N. Zarfoss Drive, York, PA 17404