



Application for Veteran's Transportation Services

Applying for: Medical Transportation Fixed Route Employment Transportation

Ecolane ID: _____

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 #:	

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.			
<input type="checkbox"/> Armed forces discharge/separation papers	<input type="checkbox"/> Pennsylvania ID card	<input type="checkbox"/> Statement of age from U.S. Soc Sec Office	
<input type="checkbox"/> Photo motor vehicle driver's license	<input type="checkbox"/> Passport/naturalization papers	<input type="checkbox"/> Veteran's Universal Access ID Card	
<input type="checkbox"/> Birth certificate (Maiden Name)_____	<input type="checkbox"/> PACE ID Card	<input type="checkbox"/> Baptismal certificate	<input type="checkbox"/> Resident Alien Card

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Mobility Disability <input type="checkbox"/> Visual Disability <input type="checkbox"/> Hearing Disability <input type="checkbox"/> Cognitive Disability <input type="checkbox"/> Mental Disability <input type="checkbox"/> Other
Is the applicant's disability permanent? (One that lasts 12 months or longer) <input type="checkbox"/> Yes <input type="checkbox"/> No
Please check all mobility aids that apply. <input type="checkbox"/> Manual Wheelchair <input type="checkbox"/> Motorized Wheelchair <input type="checkbox"/> Power Wheelchair <input type="checkbox"/> Crutches <input type="checkbox"/> Electric Scooter <input type="checkbox"/> Walker <input type="checkbox"/> Requires Escort <input type="checkbox"/> Requires Personal Assistant (Nurse, Health Aide, Etc.) <input type="checkbox"/> Guide/Service Dog <input type="checkbox"/> Cane <input type="checkbox"/> <input type="checkbox"/> 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) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes

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:_____

BEFORE YOU SUBMIT please check to see if you have:	<input type="checkbox"/> Proof of Age (See Section 2)	<input type="checkbox"/> Proof of Veteran Status (See Section 3)	<input type="checkbox"/> Signed Application
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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