



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:
Emergency Contact Name:	Relationship:	Phone #:	County:

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

Section 3: PROOF OF VETERAN STATUS - Attach a legible photocopy of your proof of Armed forces status

Armed forces discharge/separation papers (DD-214) Photo motor vehicle driver's license Veteran's Universal Access ID Card

Section 4: DETERMINATION FOR MOBILITY ASSISTANCE - To be used to help us meet your mobility needs

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

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 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