

Application For Transportation
Eligibility Form for Riders Under 65 Years of Age

Bucks County Transport, Inc.

P.O. Box 510
Holicong, PA 18928

Name _____ Date of Birth _____

Last 4 Digits of Social Security # _____ Phone # _____

Street _____ Apt # _____

Town/ Borough _____ Zip Code _____

Directions to Residence _____

Emergency Contact Information:

Name _____ Phone # _____

Please Check Off Any Special Needs:

- | | | |
|---|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Wheelchair | <input type="checkbox"/> Scooter | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Electric Wheelchair | <input type="checkbox"/> Cane | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Oversized Wheelchair | <input type="checkbox"/> Walker | <input type="checkbox"/> Other _____ |

I certify that the information provided above is correct to the best of my knowledge.

Signature _____ **Date** _____

Please be advised that in order to retain the efficiency of the Shared Ride Program, BCT reserves the right to transport you to the adult day care, senior center, bank, pharmacy, food shopping, library, etc. nearest to your residence.