

# Application For Senior Transportation

## Eligibility Form for Riders Over 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# \_\_\_\_\_ Apt Name \_\_\_\_\_  
Town/ Borough \_\_\_\_\_ Zip Code \_\_\_\_\_

### **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"/> Power Chair          | <input type="checkbox"/> Cane    | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Oversized Wheelchair | <input type="checkbox"/> Walker  | <input type="checkbox"/> Other _____ |

Are you able to step up into vehicles that have 3 or more steps? (circle) YES NO

### **Attach a COPY of ONE of the following:**

**(Acceptable Forms of Proof of Age)**

- |                     |  |                         |
|---------------------|--|-------------------------|
| ● Birth Certificate | ● Armed Forces Discharge Papers                  | ● Naturalization Papers |
| ● Driver's License  | ● State Issued Identification Card               | ● Baptismal Certificate |
| ● Pace Card         | ● Statement from Social Security Administration  | ● Resident Alien Card   |
| ● Passport          | ● Veteran's Universal Access Identification Card |                         |

I certify that I am at least 65 years of age and the information provided above is correct to the best of my knowledge. A copy of the proof of age document is attached.

**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.

### **--OFFICE USE ONLY--**

Verification of client's proof of age

Signature \_\_\_\_\_ Date Received \_\_\_\_\_

Funding for the senior citizen transportation program is provided in part by the Pennsylvania Lottery. This project is also funded in part, under contract with the Pennsylvania Department on Aging, the County of Bucks Area Agency on Aging and the Department of Public Welfare.