

# Bucks County Transport, Inc.

Application For Senior (AGE 65+)Transportation

P.O. Box 510

Holicong, Pa 18928

Phone 215-794-5554

Fax 215-794-5564

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Last 4 Digits of Social Security # \_\_\_\_\_ Phone: Home \_\_\_\_\_

Cell \_\_\_\_\_

Street \_\_\_\_\_ Apt # \_\_\_\_\_ Apt Name \_\_\_\_\_

Town \_\_\_\_\_ Zip Code \_\_\_\_\_

Emergency Contact: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
- Date of Birth Statement from Social Security
- 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 Share ride Program, BCT reserves the right to transport you to adult day care, senior, bank pharmacy, food shopping, , library , etc. nearest to your residence.

Funding 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 Human Services.

### --OFFICE USE ONLY--

Verification of client's proof of age

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