

PO Box 339, Scotrun, PA 18355



Tel: (570) 839-6282

Fax: (570) 839-8205

Shared Ride Application

Date of Application: _____

Traveling in a Wheelchair? _____

Client Name: _____

Traveling with an Escort? _____
(Must be medically necessary)

Date of Birth: _____

Please Note

Mailing Address: _____

You must provide a copy of your proof of age document. If this is not provided, your application cannot be processed and services will be delayed.

Home phone: _____

Acceptable Documents

Work phone: _____

Please check the one you enclosed:

Social Security: _____

_____ Driver's License/PA Photo ID

_____ PACE Card

_____ Birth Certificate

Emergency Contact Name: _____

_____ Baptismal Certificate

_____ Passport/Naturalization Papers

_____ Armed Forces Discharge Papers

Emergency Contact Phone: _____

_____ Statement of Age from SSA

_____ Veteran's ID Card

_____ Resident Alien Card

Signature of Applicant: _____

Please provide physical address if different from mailing address:

Please provide directions to your home:

(Your application cannot be processed without clear directions to your home.)

FOR INTERNAL USE ONLY:

Date & Signature of Programs Specialist _____