



Application for Shared Ride

Date of Application: _____

Special Needs? _____

Client Name: _____

Traveling in a Wheelchair? _____

Date of Birth: _____

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

Address: _____

Home phone: _____

Work phone: _____

Social Security: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Please Note

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

Acceptable Documents

Please circle the one you enclosed

Driver's License

PACE Card

Birth Certificate

Baptismal Certificate

Passport/Naturalization papers

Armed Forces Discharge papers

Statement of Age from SSA

Signature of Applicant: _____

Please provide physical address if different from mailing address:

Please provide instructions to your home:

(Your application can not be processed without clear instructions to your home)

(For Office Use Only)

Please DO NOT Complete This Section

Age Document Verified

_____ **Drivers License #** _____

_____ **Pace Card #** _____

_____ **Birth Certificate**

_____ **Baptismal Certificate**

_____ **Passport/Naturalization Paper**

_____ **Armed Forces Discharge Papers**

_____ **Statement of Age from the Social Security Admin.**

Date & Signature of Intake Worker _____

Billing Codes

_____ **AAA**

_____ **RI65**

_____ **AAFF**

_____ **MATP**

_____ **FF**

_____ **Kidney**

_____ **AS65**

_____ **Other**

_____ **ASVC**

Date Entered into CTS _____

