

PO Box 339, Scotrun, PA 18355



Tel: (570) 839-6282
Fax: (570) 839-8205

Shared Ride Application
For Seniors 65 & Over

Client Name: _____

Date of Birth: _____

Mailing Address:

Physical Address:

Home Phone: _____

Cell Phone: _____

Social Security: _____
(Must include to check for dual eligibility)

Emergency Contact Name & Phone #

Signature of Applicant: _____ **Date:** _____

Please provide directions to your home:
(Include: side of the street, color of house and landmarks)

Traveling in a Wheelchair? _____
Traveling with an Escort? _____
(Must be medically necessary)
Do you have State Ins.? _____
Includes Medicaid, Medicare, ACCESS Medical

Please Note
You must provide a copy of Proof of document. If not provided, your application CANNOT be processed and services will be delayed.

Acceptable Documents
Driver's License/State Photo ID
PACE Card (Must have DOB listed)
Birth Certificate (Must have seal)
Baptismal Certificate
Passport/Naturalization Papers
Armed Forces Discharge Papers
Statement of Age from SSA
Resident Alien Card

For Internal Use Only:
Program Specialist Signature: _____ **Date:** _____