

**SHARED RIDE PROGRAM FOR OLDER ADULTS
ELIGIBILITY FORM**

Confidential Information for Official USTA Use Only

*****SECTION 1 – CLIENT IDENTIFYING INFORMATION*****

Full Name	SS# (Optional)	Telephone #	
Street/RD Address	City/Town	State	Zip Code
County of Residence	Boro/Township	Birthdate	Age
Program Eligibility (check all that apply) 65+ _____ 60-64 _____ 18-64 Disabled _____ MATP _____ Other _____			

*****SECTION 11 – TRANSPORTATION PROVIDER INFORMATION*****

Directions to Home Residence: _____

Disability/Special Needs /Health Alerts: _____

Wheelchair: No Yes (if Yes) Electric or Manual ----- Ramp Installed: Yes No (if No) How many steps _____
Circle One Circle One (Limit 1 step, discuss options)

Emergency Contacts (Name, Relationship, Phone Number): _____

{ } Needs Escort A written and signed statement verifying the need for an escort must be completed by USTA staff or case management rep of the U/S AAA documenting need must be attached to this form to permit free escort ridership.

*****SECTION 111 – AGE VERIFICATION*****

Circle Document Used: Birth Certificate - Baptismal Certificate - Driver's License - Pace Card - PA Photo Card
Armed Forces Discharge - Passport/Naturalization Papers - Social Security Statement of Age

Birth-date Listed On Above Document: _____ Document Issued To: _____

I Hereby Certify that the above circled document has been issued to me and used to verify my age for the purpose of receiving transportation at reduced rates. The information contained on the document and listed above is true and correct:

Signature of Above Customer: _____ Date Signed: _____

I Hereby Certify that I have identified the above customer and have verified their birth-date with the document circled above. All Information contained in Section 111 of this form is true and accurate to the best of my knowledge and belief.

Signature of USTA Representative	Title of Position	Date Signed
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UNION-SNYDER TRANSPORTATION ALLIANCE

CERTIFICATION FOR FREE ESCORT

Customer Name: _____

Address: _____

City/State/Zip: _____

Social Security #: _____

The Above Named Customer Is Eligible For Free Escort Service Due To The Following Health Concern:

_____ Customer Is Wheelchair Bound

_____ Customer Is Visually Impaired

_____ Customer Is Hearing Impaired

_____ Customer Has A Mental Health Concern, i.e. Alzheimers

_____ Driver Has Reported A Concern To Office That Customer Cannot Manage By Themselves Safely

_____ Other: _____

USTA/AAA Representative

Date