

REGISTRATION FORM**REQUEST FOR CERTIFICATION OF ADA PARATRANSIT ELIGIBILITY**

Information obtained in this certificate will be used by the MAP office ONLY. Information will not be shared with other transit providers or agency.

1. NAME: _____

2. ADDRESS: _____

CITY, STATE, ZIP _____

3. TELEPHONE (HOME): _____ OTHER: _____

4. WILL SOMEONE BE RIDING WITH YOU?: Yes No Sometime

5. IF YES, DOES THE PERSONAL CARE ATTENDENT HELP YOU WITH ANY OF THE FOLLOWING?

Getting on or off bus Help when I get to my destination

Other bus related assistance Interpret for me

6. Which of the following mobility aids do you use?

Cane White Cane Walker Crutches

Artificial Limb Manual Wheelchair Power Wheelchair

Power Scooter Portable Oxygen Hearing Animal

Guide Animal Picture Board Alphabet Board None

7. I hereby certify that ALL information given on this form is correct.

SIGNED _____ DATE: _____

8. If this form has been completed by another person, that person must complete the following:

9. NAME: _____

10. ADDRESS: _____

CITY, STATE, ZIP: _____

11. TELEPHONE (HOME): _____ OTHER: _____