

# Bucks County Transport

## Application For Senior (AGE 65 Plus) Transportation

P.O. Box 510

Holicong, Pa. 18928

Phone 215-794-5554

Fax 215-794-8946

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Street \_\_\_\_\_

Phone: Home \_\_\_\_\_

Apt # \_\_\_\_\_

Cell \_\_\_\_\_

Apt Name \_\_\_\_\_

Town \_\_\_\_\_

Zip Code \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Phone # \_\_\_\_\_

### Please Check Off Any Special Needs:

- |   |                                  |                                       |
|---|----------------------------------|---------------------------------------|
| <input type="checkbox"/> Wheelchair*          | <input type="checkbox"/> Scooter | <input type="checkbox"/> Oxygen _____ |
| <input type="checkbox"/> Power Chair          | <input type="checkbox"/> Cane    | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> Oversized Wheelchair | <input type="checkbox"/> Walker  | <input type="checkbox"/> Other _____  |

\*All wheelchairs must be in functioning order and must meet certification requirements of BCT in advance of transportation. If a wheelchair becomes non-functioning while in transit, BCT will request assistance from the client's emergency contact or will contact 911 for emergency professional assistance at the client's expense.

**Are you able to step up into vehicles that have 3 or more steps? (circle) YES NO**

### **Attach a COPY of One of the following:**

#### **Acceptable Forms of Proof of Age (must show date of birth)**

- |                     |  |                         |
|---------------------|--|-------------------------|
| • Birth Certificate | • Armed Forces Discharge Papers                                | • Naturalization Papers |
| • Driver's License  | • State Issued Identification Card                             | • Baptismal Certificate |
| • Pace Card         | • Date of Birth statement from Social Security                 | • Resident Alien Card   |
| • Passport          | • Date of Birth Veteran's Universal Access Identification Card |                         |

I certify that I am at least 65 years of age and the information provided above is correct to the best of my knowledge. A copy of the proof of age is attached.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please be advised that in order to retain the efficiency of the Shared Ride Program, BTC reserves the right to transport you to the Adult Day Care, Senior Center, bank, pharmacy, dialysis unit, food shopping, library, etc. nearest to your residence.

Funding the senior citizen transportation is provided in part by the Pennsylvania lottery. This project is also funded in part under contract with The Pennsylvania Department on Aging, The Bucks County Area Agency on Aging and The Department of Human Services.

**Note:** We are unable to guarantee specific vehicles, unless a lift vehicle is required.

### --OFFICE USE ONLY--

Verification of clients' proof of age.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Revised 2019