



# Passenger Registration Form

Name \_\_\_\_\_ Gender (circle) M F

Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Your Date of Birth \_\_\_\_\_ Your Age \_\_\_\_\_

### Emergency Contact

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship to you \_\_\_\_\_

Do you use any of the following equipment or assistive devices? (Please check all that you use.)

\_\_\_\_ Wheelchair  
\_\_\_\_ Walker

\_\_\_\_ Guide dog  
\_\_\_\_ White cane/Cane

\_\_\_\_ Oxygen  
\_\_\_\_ Leg braces

### **PART II: Qualifying for Reduced fare**

Note: PARTA's equipment is designed to transport mobility aids that fit the ADA definition of the common wheelchair of 48" long and 30" wide with a combined weight of 600 pounds while occupied.

1. Do you need an escort to help you travel?

- Yes                       No                       Sometimes

2. Have you used or been trained to use PARTA's Fixed Route Buses?

- Yes                       No                       Sometimes

3. Check the items listed below that might help you ride PARTA's Fixed Route Buses:

- Help with trip planning                       Bus stops closer to my house  
 Help with communicating                       Accessible to bus stop  
 Someone to teach me

4. Does your health condition/disability change from day to day in a way that occasionally disrupts your ability to use regular route bus service?

Yes  No If yes, please explain why: \_\_\_\_\_

5. Do you meet the eligibility criteria based on the poverty guidelines from the Department of Health and Human Services?

Yes  No Case managers name \_\_\_\_\_ Phone \_\_\_\_\_

I HEREBY CERTIFY THAT THE INFORMATION I HAVE GIVEN ABOVE IS TRUE AND CORRECT.

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

If this application has been completed by someone other than the person requesting certification, please complete the following information.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

The information you are providing will only be used by authorized PARTA employees. This information will not be made available to any other person or agency unless specifically authorized by you.

PARTA does not discriminate in provision of services or employment because of handicap, race, color, creed, national origin, sex or age.

**Please mail your Eligibility Request for Subsidized Fare to:**  
**Portage Area Regional Transportation Authority**  
**2000 Summit Rd.**  
**Kent, OH 44240**