

# Application for Shared Ride Services

Clarion County Transportation  
 338 Amsler Avenue, Suite 1  
 Shippenville, PA 16254  
 (814) 226-7012

First Name		M.I.	Last Name	
Home Address		Apt.	Phone #	
City		State	Zip	Date of Birth
Municipality		County		
Mailing Address, if different				
Medical Assistance ID #		MA Card Issue #		
Emergency Contact Name		Phone #		Relationship
Proof of Age? <i>Please choose the form below that you are providing along with this application.</i> <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Armed Forces (DD-214) <input type="checkbox"/> Veteran's Universal Access ID <input type="checkbox"/> Resident Alien Card <input type="checkbox"/> PA Driver's License/Photo ID <input type="checkbox"/> Passport/Naturalization Papers <input type="checkbox"/> PACE ID <input type="checkbox"/> SSI Statement of Age <input type="checkbox"/> Baptismal Certificate				
Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ambulatory? <input type="checkbox"/> Yes <input type="checkbox"/> No	Wheelchair? <input type="checkbox"/> Yes <input type="checkbox"/> No	Oxygen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will you be traveling with a personal care attendant or escort? <input type="checkbox"/> Yes <input type="checkbox"/> No   If Yes, please read our escort policy.				
Do you have a disability that requires special accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No   If Yes, explain.				

**This application and proof of age must be returned to our office before your transportation services can begin.**

Consumer's Responsibilities:

- ✓ You must have the ability to get your wheelchair or mobility device to our vehicle by yourself or have an escort to assist you.
- ✓ After disembarking, you must be able to get from our vehicle to the destination by yourself or have an escort to assist you.

**WE DO NOT PROVIDE ESCORTS**

Driver's Responsibilities:

- ✓ Move wheelchair or mobility device onto vehicle and into the appropriate position
- ✓ Secure wheelchair or mobility device in position with restraints while in transit
- ✓ Return passenger to lift or ramp and discharge at destination

**Your signature below affirms that you read and understand the Escort, Cancellation/No-Show, and Scheduling Policies and that all the information given herein is correct to the best of your knowledge.**

\_\_\_\_\_  
**Applicant's Signature or Name and Signature of Designee**

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