

(PAS-TRAN) Pender Adult Services Transportation

5310 - Enhanced Mobility of Seniors and Individuals with Disabilities Program Rider Application

Mail To: P. O. Box 1251, Burgaw, NC 28425 Attn: Transportation * Fax: 910-259-9144

901 S. Walker St., Burgaw, NC 28425 * Ph. 910-259-9119, Press 1

Rider

IF YOU ARE UNDER 65, PLEASE PROVIDE A LETTER OF DISABILITY FROM YOUR DOCTOR.

First Name		Middle	Last Name		Jr., II, etc	
Last four (4) of SSN		Date of Birth		Gender	Phone 1	
				Under 65 <input type="checkbox"/>		
					Phone 2	
Disability		Race	Language		Marital Status	
Yes	No					
Address						
Street /Mailing		County		City	State	Zip

Emergency Contact

Name		/ Relationship to Rider		Phone 1		Phone 2	
Street /Mailing		County		City	State	Zip	

Assisted Services

<u>Use of Vehicle</u>		<u>Escort Required</u>		<u>Do You Receive Medicaid?</u>		<u>Other Assistance:</u>	
<u>Lift/Ramp Needed</u>							
Yes	No	Yes	No	Yes	No	Yes	No

Signature Required

I understand the information contained in this form will be kept confidential unless disclosure is required by court order or for authorized federal, state or local program reporting and monitoring. My signature authorizes the providing agency to begin the service(s) requested.

Date	Signature

Date	Agency Employee Signature

Office Use /Code	Disability letter if aged under 5 to 65 <input type="checkbox"/>
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