

(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: 910-259-8434

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>Lift/Ramp Needed</u>	<u>Escort Required</u>	<u>Do You Receive Medicaid?</u>	<u>Other Assistance:</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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