

TRANSPORTATION ELIGIBILITY FORM

27824 ROUTE 220 ATHENS, PA 18810
1.800.242.3484 or 570.888.7330



Date Determined _____

Transit ID Card No. _____

Senior Citizens Compete Front Side Only
All Applicants Must Complete The Boxed Section

SS# _____ **Date of Birth** _____
Sex **M** **F**

Name _____
Last **First** **MI**

Address _____

County _____ **Phone** _____

Township _____

Does this passenger require a wheelchair? **Yes** **No**
If so, can they transfer to a car seat? **Yes** **No**
Does this passenger have any special needs? _____

If you do not have an in-town street address we need detailed directions to your home

Please use the back to draw a map to your home

Passenger Signature _____ **Date** _____

Office Use Only

- Document Seen- please circle
Pace Card Birth Certificate Driver's License Baptismal Certificate State ID Passport
Armed Forces Discharge Naturalization Paper Veterans Universal Access ID Card

Original Document Number _____

Eligibility Verified By _____
Name Agency Date