



COMMUNITY TRANSIT

Community Transit
206 Eddystone Avenue – Suite 200
Eddystone, PA 19022-1594

Office: 610-490-3960
FAX: 610-490-3991
www.ctdelco.org

Name _____ Birth Date ____/____/____
(Title) (Last) (First) (Month) (Day) (Year)

Social Security Number _____ - _____ - _____

Street _____ P.O.Box _____ Apt # _____

City _____ Township _____ PA _____
(zip)

Phone Number _____ Email _____

Nearest cross Streets _____

Name of apartment complex _____

Name of **EMERGENCY** Contact: _____

Home Phone: _____ Work Phone: _____

Relationship to rider: _____

The following information is required by Federal regulations, for statistical purposes only, and will be held in strictest confidence by Community Transit.			
Please check the correct box to indicate your ethnic/racial classification:			
White, not Hispanic	<input type="checkbox"/>	Black, not Hispanic	<input type="checkbox"/>
Hispanic	<input type="checkbox"/>	American Native	<input type="checkbox"/>
Asian/Pacific Islander	<input type="checkbox"/>	Other	<input type="checkbox"/>

For persons age 65 and over only: Complete for Senior Citizen Shared Ride Program Discount.

The Senior Citizen Shared Ride Program pays 85 percent of your transportation fare if you are age 65 or older *and* you can prove your age. This is funded by the Pennsylvania Lottery.

Here's how you prove your age: Attach a copy of any **ONE** of the following:

- Birth or Baptismal Certificate
- INS Resident Alien Card
- Veteran's Universal Access ID Card
- Driver's License/PA Photo ID Card

- Naturalization Papers
- Passport
- PACE or PACENET Card

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**Community Transit of Delaware County, Inc.
Request for Door to Door Service**

As stated in the attached Passenger Assistance Policy, Community Transit offers curb to curb service, which is defined as assistance to enter and exit the vehicle only.

Door to door assistance is defined as assistance to and from the vehicle and to and from the entrance of the building. This assistance includes allowing the passenger to take the driver's arm, pushing a wheelchair, carrying grocery bags or packages (20 lb limit per bag, three bag maximum) and opening the entrance door. Assistance **does not** include the physical lifting of the passenger or lifting the wheelchair in any way. Drivers are prohibited from entering a person's home or a facility.

PLEASE CHECK ONE OF THE FOLLOWING:

- I request door to door service
- I do not require door to door service

Do you have (please check all that apply)

- Wheelchair/Scooter
- Walker
- Cane/Crutch
- Vision Loss
- Hearing Loss
- Cognitive Disability
- Other _____

Name: _____

Address: _____

Phone Number: _____

Signature: _____