



REGISTRATION FORM

REQUEST FOR CERTIFICATION OF ADA PARATRANSIT ELIGIBILITY - The information obtained in this certification process will be used by the MAP Office only to provide Montgomery Area Paratransit (MAP) services. Information will be shared with other transit providers, upon request, to facilitate travel by MAP clients when they are visiting out of town. Information will not be provided to any other person or agency.

Mr.

1. Name Ms.

_____ *First Name*

_____ *Middle Name*

_____ *Last Name*

2. Address _____ Apt. # _____

City _____ State _____ Zip Code _____

3. Telephone (home) _____ (work, neighbor, or relative) _____

4. Date of Birth _____ 5. Social Security # _____ - _____ - _____

6. Will someone be riding with you on the bus to assist/help you (i.e., a personal care attendant)? Yes No Sometimes

7. **If yes or sometimes**, does the personal care attendant riding with you on the bus help you in: *(Please check all that apply)*

- Getting on and off of the bus Interpret for me
- Helping me when I get where I am going
- Other bus-related assistance (explain)

8. Which of the following mobility aids do you use? (please check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Cane | <input type="checkbox"/> Manual wheelchair | <input type="checkbox"/> Guide animal |
| <input type="checkbox"/> White cane | <input type="checkbox"/> Powered wheelchair | <input type="checkbox"/> Picture board |
| <input type="checkbox"/> Walker | <input type="checkbox"/> Powered scooter / cart | <input type="checkbox"/> Alphabet board |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> Portable oxygen | <input type="checkbox"/> None of these |
| <input type="checkbox"/> Artificial Limb | <input type="checkbox"/> Hearing ear animal | |

9. I hereby certify that all information given on this form is correct.

Signed _____ **Date** _____

10. If this Registration Form has been completed by someone other than the applicant, that person must complete the following:

Name (print) _____

Address _____ City _____

State _____ Zip Code _____ Telephone (daytime) _____

Signed _____ **Date** _____