MONTGOMERY AREA PARATRANSIT Phone (334)625-4691 Fax (334)625-4682

REGISTRATION FORM

REQUEST FOR CERTIFICATION OF ADA PARATRANSIT ELIGIBILITY

Information obtained in this certificate will be used by the MAP office ONLY. Information will not be shared with other transit providers or agency.

1. NAME: _____
2. ADDRESS:_____

   CITY, STATE, ZIP_____
3. TELEPHONE (HOME):_____OTHER:_____
4. WILL SOMEONE BE RIDING WITH YOU?: Yes ❒ No ❒ Sometime ❒
5. IF YES, DOES THE PERSONAL CARE ATTENDENT HELP YOU WITH ANY OF THE FOLLOWING?
   - ❒ Getting on or off bus
   - ❒ Help when I get to my destination
   - ❒ Other bus related assistance
   - ❒ Interpret for me
6. Which of the following mobility aids do you use?
   - ❒ Cane
   - ❒ White Cane
   - ❒ Walker
   - ❒ Crutches
   - ❒ Artificial Limb
   - ❒ Manual Wheelchair
   - ❒ Power Wheelchair
   - ❒ Power Scooter
   - ❒ Portable Oxygen
   - ❒ Hearing Animal
   - ❒ Guide Animal
   - ❒ Picture Board
   - ❒ Alphabet Board
   - ❒ None
7. I hereby certify that ALL information given on this form is correct.

   SIGNED_____DATE:_____
8. If this form has been completed by another person, that person must complete the following:
9. NAME: _____
10. ADDRESS:_____

    CITY, STATE, ZIP:_____
11. TELEPHONE (HOME):_____OTHER:_____