**Application for 5310 Elderly or Disable Transportation**

 **Applicant Information**

**Full Name:**

 **Last First M.I. Date of Birth**

**Address:**

 **Street Address Apartment/Unit**

 **City State Zip Code**

**Telephone: Signature:**

Are you qualified for Idaho or Washington Medicaid? [ ]  Yes [ ]  No

**Eligibility Information**

This application is requested to qualify for transportation that is funded by FTA 5310 dollars. According to ADA guidelines, to be eligible for funding, riders must be either 65 or more years of age or disabled. Riders must NOT be eligible for Medicaid transportation. Please send a copy of your identification with application to verify age.

**How do you qualify?** (Please mark one)

[ ]  Washington State Resident

[ ]  65 years or older – Birth Date: Verified by:

[ ]  Disabled – Physical (Disability is visually apparent) Verified by:

[ ]  Disabled – Other (Disability is not apparent, health care professional’s signature is required. See box below)

The person named in this application, above, has a physical or mental impairment that substantially limits one or more major life activities, has a record of such, or may be regarded as having such an impairment.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_