



Mail completed form and proof of eligibility to:

ATTN: Senior Rides
 1202 Candy Cane Lane
 Conroe, Texas 77301

Registration Form

Office Use Only:	
Grant Code:	
Agency Code:	
Registered	
Date:	
Card Number	
<i>Circle One:</i>	
MC-CW	/ MCCOA

THE FOLLOWING CURRENT DOCUMENTS ARE REQUIRED!

1.) CURRENT Proof of Identity with CURRENT address:

Acceptable documents (submit (1) of the following):

- a.) Drivers license or ID card issues by the State
- b.) ID card issued by federal, state or local government agencies
- c.) U.S. Passport
- d.) U.S. Military Card

2.) If you are under age 65 you must provide Proof of Disability:

Acceptable documents (submit (1) of the following):

- a.) Doctor's Certification Form
- b.) Supplemental Security Income (SSI)
- c.) Social Security Disability Insurance (SSDI) d.) Other Verification

APPLICANT:

First Name: _____ Last Name: _____

Date of Birth: ____/____/____ Age: _____ years

Sex: Male / Female Race/Ethnicity: _____

Phone Number: (____) _____ Alternate Number: (____) _____

Address: _____
Street Address City Zip Code

Mailing Address (if different than above): _____
Street Address City Zip Code

Check your status:

- ____ Senior (age 65 & above)
- ____ Person with Disabilities
- ____ Senior (age 65 & above) AND Person with disabilities

Mobility Status:

- ____ Ambulatory (able to walk)
- ____ Wheelchair User

Are you a military Veteran? Yes / No If yes, what branch? Navy / Marines / Army / USAF / Other _____

Name and Phone Number of Relative, Friend, or Neighbor who can usually contact you:

Name: _____ Relationship: _____

Phone Number: (____) _____

(PLEASE TURN OVER AND COMPLETE THE OTHER SIDE)

Please note that Senior RIDES taxi voucher program ONLY allows for the following destinations:

Medical and MOWMC Approved Destinations (pharmacies, grocery and superstores, and government institutions). Please read your Policies and Procedures handout for more information.

What reason do you have for using the Senior RIDES program? (Please explain)

Medical: _____

Approved Destinations: _____

Other: _____

If medical, are your appointments local (Montgomery County) or not local (i.e. Harris County)?

Local Not local

If not local, please describe: _____

If approved destinations, are they in Montgomery County? (If not, please explain why not):

Yes No Why?: _____

The above named applicant has examined the eligibility requirements of Senior Rides, and has submitted this application for participation in such program after certifying that all of the information so submitted is true and correct. It is expressly understood and agreed that should it be determined at any time by Senior Rides, its officers, agents and/or employees that this application contains incorrect or incomplete information, the above named individual shall be disqualified from participation in the program and shall be required to repay Senior Rides all expenses incurred as a result of such individual's participation.

CERTIFICATION:

The section is to be signed by the applicant or by person authorized to sign for client. A witness is needed for any signature made by a mark. I certify this application has been completed to the best of my knowledge with complete and accurate information. I understand any false statements or omissions to the best of my knowledge with complete and accurate information. I understand any false statements or omissions of facts relevant to my eligibility for assistance will be considered fraud, and that I may be prosecuted under applicable U.S. Codes for this fraud. Furthermore, I understand that assistance is contingent upon availability of funds.

Applicant

Witness (if Applicant is unable to sign)

Date