



Application and Registration Form

APPLICANT:

First Name: _____ Last Name: _____ M.I.: _____

Date of Birth: ____ / ____ / ____ Race/Ethnicity: _____ E-mail: _____

Home Number: (____) _____ Alternate Number: (____) _____

Sex (M/F): _____ (Check One): Single _____ Married _____ Divorced _____ Widowed _____

Primary language spoken in the home (Check One): English __ Spanish __ Vietnamese __ other _____

What is your preferred method of contact?

E-mail _____ Home Phone _____ Cell Phone _____ Mail _____

Address of Applicant:

Number Street Apt # City TX Zip Code

Mailing Address: (if different from above)

Number Street Apt # City TX Zip Code

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

Name Relation (____) Home Phone (____) Work Phone

Check this status if senior and/or a person with disabilities:

Senior (age 65 & above) _____

Person with disabilities _____

Mobility Status (Check One):

Ambulatory (able to walk) _____

Wheelchair User _____

Check this status for Low-Income Qualification only:

Low-Income _____

Do you require additional assistance? We provide Ambassadors on selected routes of shared ride vans that will provide personal assistance to you from your pickup location to your destination.

Circle all that apply.

Boarding and/or unboarding

Carrying small packages

Other (List below)
