

--	--	--	--	--	--	--	--

ACCESS USE ONLY



### 65 Plus Program Application - Please Print Legibly

Name of Applicant (Last, First, Middle Initial) \_\_\_\_\_ Date of Birth (Mo/Day/Yr) \_\_\_\_\_

Address \_\_\_\_\_ (Apt. No.) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

**Telephone Number:**

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Emergency Contact:**

Name \_\_\_\_\_ Telephone \_\_\_\_\_ Relation \_\_\_\_\_

Mobility Aid: Wheelchair    Service Animal    Walker    Scooter    White Cane    Other \_\_\_\_\_

Accessible Formats for future print material? Large Print    Braille    E-Mail    Other \_\_\_\_\_

Signature of Applicant (Required) \_\_\_\_\_

I certify that the above information is true, accurate and complete.

Date Received: \_\_\_\_\_ Date Card Issued \_\_\_\_\_

## Please Tape a Clear Copy of Proof of Age Below

Valid PA Driver's License, PA Photo Identification Card or US Passport only

Completed applications and a clear legible copy of the accepted photo ID can be scanned and emailed to:

[65plus@accesstransys.com](mailto:65plus@accesstransys.com) or mail to: ACCESS Transportation Systems,

650 Smithfield St., Suite 440, Pittsburgh, PA 15222.

If the copy doesn't fit, please use the reverse side.