



65 Plus Application Instructions

Complete and submit the application form:

- Make sure the application is complete, print clearly, and do not use pencil or highlight any information
- Be sure **you sign** your application
- Attach a **clear, legible photocopy** of one of the following proof of age documents to the application:
 - Passport
 - Driver's License
 - Pennsylvania Photo Identification Card
- Completed applications and a clear, legible copy of the accepted photo ID can be scanned and emailed to: 65plus@accesstransys.com or a hard copy can be mailed to **ACCESS Transportation Systems, 650 Smithfield St., Suite 440, Pittsburgh, PA 15222**
- We cannot accept applications by fax
- Applications that are incomplete or illegible will be returned

Information needed about you:

- You must be aged 65 or over
- If you use a wheelchair, other mobility aid, or need other special assistance (ex., I am blind) please note this in the appropriate space on the application form
- If you require written materials in an accessible format, please record that in the space provided on the application
- Emergency contact information including a cell phone number if available

When will I receive my ACCESS 65 Plus welcome packet?

You will receive your ACCESS 65 Plus welcome packet and information about how to use the service within about two weeks from the date your application was received.

Additional Questions?

If you have questions or need assistance with any aspect of this process, please call **(412) 562-5353** or **TTY 711**.



Questions? Call
(412) 562-5353 or TTY 711



Office hours are Monday–
Friday 8 a.m.–4:30 p.m.



Find ACCESS information
online at myaccessride.com



65 Plus Program Application

Please print legibly.

Name of Applicant (Last, First, Middle Initial)

Date of Birth (MM/DD/YY)

Address

(Apt. #)

(City)

(State)

(Zip Code)

Home Phone Number

Work Phone Number

Cell Phone Number

E-mail Address

Emergency Contact Name

Phone Number

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.

ACCESS Use Only: Date Received _____ Date Card Issued _____

Please Tape a Clear Copy of Proof of Age Below
Valid Driver's License, PA Photo Identification Card or Passport only
If the copy doesn't fit, please use the reverse side.