



5310 Eligibility Application



1. Name: _____

2. Address: _____

3. Telephone #: _____ Alternative #: _____

Email Address: _____

4. Date of Birth: _____ 5. SM LIFT ID #: _____

5. Emergency Contact Information

Name: _____

Telephone #: _____ Relationship: _____

6. Do you use a mobility device? Yes No

Please mark all that apply:

- | | | |
|---|---|--|
| <input type="checkbox"/> Portable Oxygen | <input type="checkbox"/> Crutches | <input type="checkbox"/> Walker |
| <input type="checkbox"/> White Cane | <input type="checkbox"/> Service Animal | <input type="checkbox"/> Leg Braces |
| <input type="checkbox"/> Wheelchair / Powered | <input type="checkbox"/> Power Scooter | <input type="checkbox"/> Prosthesis |
| <input type="checkbox"/> Wheelchair / Manual | <input type="checkbox"/> Walking Cane | <input type="checkbox"/> Communication Board |
| <input type="checkbox"/> Respirator | <input type="checkbox"/> Other, please explain: _____ | |

7. Is there public transportation available within ¼ mile of your residence? Yes No

a. If yes, do you have the ability to use the public transportation vehicle equipped with a ramp/ lift? Yes No

If no, please explain: _____

8. Without assistance, are you able to travel without difficulty to the nearest public transportation bus stop?

Yes No Sometimes explain, _____

9. Is your disability or disabilities a permanent or temporary condition?

Permanent Temporary



5310 Eligibility Application

10. Do you require a Personal Care Attendant?

- Yes No



11. Are you able to locate landmarks of your destination without assistance?

- Yes No Sometimes

12. Please use this space to tell us anything else you would like us to know about travel challenges and your ability to use transportation service: _____

13. I certify all information is true and correct. I agree that if any information is given to Project Amistad (PA) is false and misleading, PA will have the right to reconsider my right to participate in the 5310 Transportation for Enhanced Mobility for Seniors and Persons with Disabilities. I understand that I may be asked for an in-person interview to verify the information provided is correct. If asked to come in, PA will provide transportation.

IMPORTANT: PA will only use this information to determine the eligibility to use the agency's transportation program. PA will keep this information confidential and secure and will only use it for transportation-related purposes. PA may also use the contact information provided to solicit feedback about the transportation program, including providing the telephone and name to a third-party to carry-out periodic surveys.

Signature _____

Date: _____

For PA use only

Approved- I have reviewed the 5310 Application and confirm that the information provided in this form is true and correct. I have reviewed all supporting documentation and agree that the client is eligible to use transportation services.

Denied- I have reviewed the 5310 Application and confirm that the information provided in this form is true and correct. I have reviewed all supporting documentation and agree that the client is not eligible to use transportation services.

Reason for denial: _____

Reviewed by: _____ Signature: _____ Date: _____
(Print Name)