



COMMUNITY TRANSIT

Community Transit of Delaware County, Inc.
206 Eddystone Avenue – Suite 200
Eddystone, PA 19022-1594

Office: 610-490-3960 Fax: 610-490-3982
email: generaladmin@ctdelco.org
Website: www.ctdelco.org

Name _____ Birth Date ____/____/____
(Title) (Last) (First) (Month) (Day) (Year)

Email: _____

Street _____ P.O.Box _____ Apt # _____

City _____ Township _____ PA _____
(zip)

Phone Number _____ Cell Phone Number _____

Nearest cross streets _____

Name of apartment complex _____

Name of EMERGENCY Contact: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Relationship to rider: _____

How did you hear about Community Transit? _____

For persons age 65 and over only: Complete for Senior Citizen Shared Ride Program Discount

The Senior Citizen Shared Ride Program pays 85 percent of your transportation fare if you are age 65 or older and you can prove your age. This is funded by the Pennsylvania Lottery. Here's how you prove your age:

Attach a copy of any ONE of the following:

- | | |
|--|--|
| <input type="checkbox"/> Armed Forces (DD-214) | <input type="checkbox"/> Driver's License |
| <input type="checkbox"/> Baptismal Certificate | <input type="checkbox"/> PA Photo ID Card |
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> INS Resident Alien Card |
| <input type="checkbox"/> PACE or PACENET ID Card | <input type="checkbox"/> Naturalization Papers |
| <input type="checkbox"/> Passport | |

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**Community Transit of Delaware County, Inc.
Request for Door to Door Service**

As stated in the attached Passenger Assistance Policy, Community Transit offers curb to curb service, which is defined as assistance to enter and exit the vehicle only.

Door to door assistance is defined as assistance to and from the vehicle and to and from the entrance of the building. This assistance includes allowing the passenger to take the driver's arm, pushing a wheelchair, carrying grocery bags or packages (20 lb limit per bag, three bag maximum) and opening the entrance door. Assistance **does not** include the physical lifting of the passenger or lifting the wheelchair in any way. Drivers are prohibited from entering a person's home or a facility.

PLEASE CHECK ONE OF THE FOLLOWING:

- I request door to door service
- I do not require door to door service

Do you have (please check all that apply)

- Wheelchair/Scooter
- Walker
- Cane/Crutch
- Vision Loss
- Hearing Loss
- Cognitive Disability
- Other _____

Name: _____

Address: _____

Phone Number: _____

Signature: _____