

**Pennsylvania**DEPARTMENT OF TRANSPORTATION
www.dot.state.pa.us

APPLICATION SENIOR CITIZEN TRANSIT IDENTIFICATION CARD

FREE/REDUCED FARE
TRANSIT PROGRAMS FOR SENIOR CITIZENS

CARD NUMBER _____

NAME OF APPLICANT (Last, First, Middle Initial)				DATE OF APPLICATION	
ADDRESS (Street or Route)		(City or Post Office)		(State)	(Zip Code)
HOME TELEPHONE NUMBER AREACODE _____		DATE OF BIRTH	AGE	☐ MALE SIGN HERE ☐ FEMALE X _____	

THIS SECTION TO BE COMPLETED BY TRANSIT AGENCY

ACCEPTABLE PROOF OF AGE DOCUMENTS (ONE REQUIRED, CHECK AND INCLUDE APPLICABLE INFORMATION)

- ☐ ARMED FORCES DISCHARGE/SEPARATION PAPERS – SEPARATION DATE _____
- ☐ BAPTISMAL CERTIFICATE-CHURCH'S NAME & ADDRESS _____
- ☐ BIRTH CERTIFICATE- NUMBER _____
- ☐ PASSPORT/NATURALIZATION PAPERS – NUMBER _____
- ☐ PENNSYLVANIA IDENTIFICATION CARD - NUMBER _____
- ☐ RESIDENT ALIEN CARD – NUMBER _____
- ☐ PACE IDENTIFICATION CARD – NUMBER _____
- ☐ PHOTO MOTOR VEHICLE OPERATOR'S LICENSE – NUMBER _____
- ☐ STATEMENT OF AGE FROM UNITED STATES SOCIAL SECURITY ADMINISTRATION
(ATTACH COPY TO THIS APPLICATION)

PLEASE NOTE THAT ONLY THE ABOVE FORMS OF AGE DOCUMENTATION ARE ACCEPTABLE FOR THESE PROGRAMS

I DO HEREBY CERTIFY THAT I HAVE REVIEWED THE ABOVE AGE DOCUMENTATION AND THE INFORMATION CONTAINED HEREIN IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SIGNATURE OF TRANSIT AGENCY REPRESENTATIVE CERTIFYING AGE DOCUMENTATION -DATE

PRINTED NAME OF ABOVE TRANSIT AGENCY REPRESENTATIVE

NAME OF TRANSIT AGENCY (Include Street or Route, City or Post Office, State, Zip Code)

**Schuylkill Transportation System
Shared Ride Program Client Information**

Who should we contact if there is an emergency while you are on the van?

Name _____

Relationship _____

Phone _____

Please circle all that apply

Does the client need a lift van? YES NO

Does the client use a wheelchair? YES NO
is the wheelchair oversized? YES NO

Does the client need an oxygen tank? YES NO
Oxygen tank must be portable.

Nursing Homes Only

Is client's stay covered by: Private pay Covered by Medical Assistance

Please circle your answer to each of the following questions:

Marital Status? Married Single Widowed Divorced

Do you live alone? Yes No

Do you understand English? Yes No

Are you a Veteran? Yes No

Are you a US Citizen? Yes No

Last 4 Digits of Social Security number XXX-XX-_____

Race White Hispanic African-American Other

Does your monthly income fall below: Single \$908.00 Yes No

Please circle one Married \$1,226.00 Yes No

Refuse to Answer

All information on this sheet must be completed and received by STS for you to use our van services

Please be advised: STS provides "Curb To Curb" service.

Thank You for riding STS, We're Here to Get You There