



Specialized Transportation for Harris County
 9418 Jensen Drive, Houston, Texas 77093
 Main: (713) 368-RIDE (713-368-7433)
 Fax: (713) 696-1977

All coupons have an expiration date



Program
 Funded by Texas Department of Transportation (TxDOT)

APPLICANT:

First Name: _____ Last Name: _____ M.I.: _____

Date of Birth: ____/____/____ Race/Ethnicity: _____ Email: _____

Home Number: (____) _____ Alternate Number: (____) _____

Sex (M/F): _____ (Check One): Single _____ Married _____ Divorced _____ Widowed _____

Check this status if Elderly and/or Disabled:

Elderly _____ Disabled _____

Mobility Status (Check One):

Ambulatory _____ Wheelchair _____

Check this status for Low-Income Qualification only:

Low-Income _____

Primary Language Spoken in the home (Check One):

English _____ Spanish _____ Vietnamese _____
 Other _____

Address of Applicant:

Number _____ Street _____ Apt # _____ City _____ TX _____ Zip Code _____

Mailing Address: (if different from above)

Number _____ Street _____ Apt # _____ City _____ TX _____ Zip Code _____

Name and Phone Number of Relative, Friend, or Neighbor who can usually contact you:

Name	Relation	Home Phone	Work Phone
_____	_____	(____) _____	(____) _____

If this program was **not** available, what would be your option(s) for transportation? Circle all that apply.

- Your own car
- Family or neighbor (by car)
- General public transit
- Special transportation
- Taxi
- Walk
- Other

What percentage of travel is accomplished by:

- Your own car _____
- Family or neighbor (by car) _____
- General public transit _____
- Special transportation _____
- Taxi _____
- Walk _____
- Other _____

For what type(s) of trips will you use this transportation program? Circle all that apply.

- Doctor appointments
- Pharmacy
- Grocery shopping
- Social Services
- Other

Do you require additional assistance. Circle all that apply.

- Boarding and/or unboarding
- Carrying small packages
- Other (List below)
- _____
- _____

The above named applicant has examined the eligibility requirements of RIDES, subsidized by H-GAC funding, and has submitted this application for participation in such program after certifying that all of the information so submitted is true and correct. It is expressly understood and agreed that should it be determined at any time by RIDES, its officers, agents and/or employees that this application contains incorrect or incomplete information, the above named individual shall be disqualified from participation in the program and shall be required to repay RIDES all expenses incurred as a result of such individual's participation.

CERTIFICATION:

The section is to be signed by the applicant or by person authorized to sign for client . A witness is needed for any signature made by a mark. I certify this application has been completed to the best of my knowledge with complete and accurate information. I understand any false statements or omissions to the best of my knowledge with complete and accurate information. I understand any false statements or omissions of facts relevant to my eligibility for assistance will be considered fraud, and that I may be prosecuted under applicable U.S. Codes for this fraud. Furthermore, I understand that assistance is contingent upon availability of funds.

Applicant

Date

Witness (if signed by a mark indication)

The Office of RIDES – Specialized Transportation for Harris County is wheelchair-accessible. Handicap parking spaces are available.

For office use only:

Customer ID #: _____

MOBILITY STATUS: Ambulatory _____ Wheelchair Bound _____

Processed By: _____ Date Issued: _____

PROOF PROVIDED: State Issued Identification Card _____
State Issued Drivers License _____ Doctor's Certification Form _____
SSI _____ SSDI _____ Other Verification _____
Eligible For Medicaid Transp. Yes _____ No _____ Pending _____
Eligible For MetroLift Yes _____ No _____ Pending _____

COMMENTS: _____
