



Office Use Only:	
Grant Code:	_____
Agency Code:	_____
Registered Date:	_____
Card Number:	_____
Load Amount:	_____
<i>Circle One:</i>	
MC-CW	/ MCCOA

Mail completed form and proof of eligibility to:

ATTN: Senior Rides
111 South 2nd Street
Conroe, Texas 77301

Registration Form

APPLICANT:

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

Sex (M/F): _____ Race/Ethnicity: _____ Date of Birth: ____/____/____ Age: _____

Home Number: (____) _____ Alternate Number: (____) _____ E-mail: _____

What is your preferred method of contact? E-mail _____ Home Phone _____ Alternate Phone _____ Mail _____

Primary language spoken in the home: _____

(Check One): Single _____ Married _____ Divorced _____ Widowed _____

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

Check this status if senior and/or a person with disabilities:

Senior (age 65 & above) _____
Person with disabilities _____
Senior (age 65 & above) AND person with disabilities _____

Mobility Status (Check One):

Ambulatory (able to walk) _____
Wheelchair User _____

Are you a military veteran?

Yes _____
No _____

What reason do you have for using the rides program?:

Approved destinations includes pharmacies, grocery and superstores, and government institutions

Medical: _____

Approved Destinations: _____

Other: _____

If medical, are your appointments local (Montgomery County) or not local (i.e. Harris County)?:

Local _____ Not Local _____

If approved destinations, are they in Montgomery County? (If not, please explain why not):

Yes _____ No _____

The above named applicant has examined the eligibility requirements of Senior Rides, 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 Senior 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 Senior 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 FOLLOWING DOCUMENTS ARE REQUIRED:

1.) Proof of Identity with address:

Acceptable documents (submit (1) of the following):

- a) Drivers license or ID card issues by the State
- b) ID card issued by federal, state or local government agencies
- c) U.S. Passport
- d) U.S. Military Card

2.) If you are under age 65 you must provide Proof of Disability:

Acceptable documents (submit (1) of the following):

- a.) Doctor's Certification Form
- b.) Supplemental Security Income (SSI)
- c.) Social Security Disability Insurance (SSDI) d.)
- Other Verification