

OCCK TRANSPORTATION PARATRANSIT & REDUCED TAXI APPLICATION FORM

Is this a NEW APPLICATION RENEWAL

PERSONAL/CONTACT INFORMATION—PLEASE PRINT

Last Name: _____ First Name: _____ MI: _____

Address: _____ Apt.: _____ Date of Birth: ____/____/____

City: _____ State: _____ Zip Code: _____

Mailing address, if different than above: _____

Phone Numbers:

Home: (____) _____ Cell: (____) _____ Work: (____) _____

Email Address: _____

Ethnicity:

- African American Asian Caucasian/White
 Hispanic Native American Other

Are you eligible for Kansas Medicaid? Yes No

If yes, please provide your Medicaid number: 001 _____

Where did you hear about our Transportation Service?

- Newspaper Friend Brochure Other _____

Check One:

- I am applying for Paratransit (origin to destination) service for a disability, permanent or temporary. (complete all application pages)
 I only require after CityGo hours (reduced Taxi Rides). I understand that if my job or hours change I may be required to reapply for the Reduced Taxi Rides. (complete only page 1 of this application)

If you are employed, where do you work? _____

What days/hours do you work? Be specific _____

If you are applying for **reduced Taxi Rides** sign and date below and **STOP** here.

Signature of Applicant for Reduced Taxi Rides Date

If you are applying for Paratransit Transportation, please continue and fill out all of the attached forms.