

OCCK, Inc On-Demand Passenger INFO SHEET



& Complementary ParaTransit Application



Last Name:

First Name:

MI:

Address

Date of Birth

City:

State:

Zip Code:

Phone Number:

Alternate Phone Number:

Email Address:

Do you use any of the following when you travel? Select all that apply.

- | | | |
|---|---|---|
| <input type="checkbox"/> Manual Wheelchair* | <input type="checkbox"/> Walker | <input type="checkbox"/> Oxygen Tank |
| <input type="checkbox"/> Powered Wheelchair* | <input type="checkbox"/> Cane | <input type="checkbox"/> Oxygen Compressor |
| <input type="checkbox"/> Scooter* | <input type="checkbox"/> White Cane | <input type="checkbox"/> Crutches |
| <input type="checkbox"/> Communication Device | <input type="checkbox"/> Service Animal | <input type="checkbox"/> Other, explain below |

*The term wheelchair refers to any three or more wheeled device utilized which is usable indoors. We will be able to accommodate a wheelchair if (1) the lift and vehicle can physically accommodate it and (2) if it is consistent with legitimate safety requirements.

Are there times when someone accompanies you when you travel? ☐ Yes ☐ No ☐ Sometimes

Are you eligible for Kansas Medicaid? ☐ Yes ☐ No

*Complete this section if you live within the city limits of Salina, Kansas. If not continue to signature section

Do you have a disability that limits your use of CityGo Fixed Route services? ☐ Yes ☐ No ☐ Sometimes

Can you use CityGo unless certain weather conditions exist? ☐ Yes ☐ No ☐ Sometimes

Can you travel to and from the nearest bus stop with or without assistance? ☐ Yes ☐ No ☐ Sometimes

How far can you travel with or without the help of another person or mobility device?

Signature of Passenger

Date

Signature of Parent or Guardian (if applicant is under 18)

Date

Signature of Preparer (if other than passenger)

Date