



Passenger INFO SHEET

& Complementary ParaTransit Application

Last Name: First Name: MI:

Address Circle Age Group

0-18 19-59 60+

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.

- Manual Wheelchair*
- Walker
- Oxygen Tank
- Powered Wheelchair*
- Cane
- Oxygen Compressor
- Scooter*
- White Cane
- Crutches
- Communication Device
- Service Animal
- 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?

To complete the Complementary ParaTransit Application an interview may be necessary. OCCK, inc. will reach out to schedule.

Signature of Passenger Date

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

Signature of Preparer (if other than passenger) Date