

**BEND DIAL-A-Ride**

**LOW-INCOME SENIOR ELIGIBILITY APPLICATION**

Low-income seniors, not near a fixed bus route are eligible for Dial-A-Ride services. Rides are provided on a space available basis with priority given to ADA paratransit eligible individuals.

**Step 1.** Low-income is defined as participation in one of the following programs. Please attach proof of participation to this application.

- Oregon Health Plan (OHP) / Medicaid (Copy of both front and back of proof required)
- SSI – OSIPM (Supplemental Security Income, **not Social Security Income**)
- Food Stamps (Copy of both front and back of proof required)
- Federal Public Housing Assistance (Local organization: Housing Works)
- Low-Income Energy Programs (LIHEAP)

**Step 2.** Applicants must also provide proof of being 60 and older. Applicants must attach proof of age documentation with this application. Proof may include:

- Medicare or Medicaid cards (Copy of both front and back of proof required)
- Drivers License (Copy of both front and back of proof required)
- State of Oregon Federal program documents

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

DOB \_\_\_\_\_ Address \_\_\_\_\_ Apt/Space # \_\_\_\_\_

Mailing Address if different \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cross Street \_\_\_\_\_ Name of Building or Facility \_\_\_\_\_

Name of person/party responsible for applicants mail \_\_\_\_\_

Telephone: Day \_\_\_\_\_ Evening \_\_\_\_\_

Optional Cell Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

I certify that this information is correct. Signature \_\_\_\_\_ Date \_\_\_\_\_

If completed by someone other than applicant: Signature \_\_\_\_\_ Date \_\_\_\_\_

## EMERGENCY CONTACT PERSON

Please list two contact people to be notified in case of an emergency.

1. Name \_\_\_\_\_ Number(s) \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_ Address \_\_\_\_\_

2. Name \_\_\_\_\_ Number(s) \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_ Address \_\_\_\_\_

MOBILITY EQUIPMENT, AIDS OR ASSISTANCE – This information will assist Dial-A-Ride in providing quality service.

1. Will you use any of these aids when riding Dial-A-Ride? (Check all that apply)

Cane, Walker, Crutches or White Cane

Service Animal

Communication Aid

Other \_\_\_\_\_

Portable Oxygen or other medical device

None of the above

2. Will you use a **wheelchair or motorized scooter** when riding Dial-A-Ride:

Yes  No

a. If you use a wheelchair or motorized scooter, which device will you use?

Manual Wheelchair

Motorized Wheelchair

Motorized Scooter

b. Is the combined weight of you and your wheelchair or scooter more than 600 pounds?

Yes  No

c. Does your wheelchair or scooter exceed 48 inches in length or 30 inches in width?

Yes  No

**Note: We cannot accommodate you if your wheelchair or scooter exceeds 48 inches in length 30 inches in width or the weight is more than 600 pounds when occupied.**

If you need assistance completing this application, contact Dial-A-Ride office at (541) 385-8680. For persons with hearing or speech disabilities, call the Oregon Telecommunications Relay Service at 1-800-735-2900 (TTY-Oregon Relay).

**Please complete form and Mail or Fax to:**

**Cascades East Transit**

**1250 NE Bear Creek Rd**

**Bend, OR 97701**

**Phone 541-385-8680**

**Fax 541-389-5988**