



ESPANOLA CARE VAN APPLICATION

A. Eligibility Guideline

Special transit services are intended for persons who are:

- 55 years of age or older
- physically or mentally challenged

B. Personal Information

Name: _____

Address: _____

Telephone: _____

Additional Information: _____

Emergency Contact
Name & Phone Number: _____

C. Criteria Information

1. Is the applicant 55 years of age or older? Yes No
2. Is the applicant physically or mentally challenged? Yes No
3. Describe in detail the disability, its severity and its impact on the applicant's mobility.

4. Does the applicant use mobility aids? Yes No
Wheelchair Electric Wheelchair Scooter Crutches
Walker Cane(s) Other

5. For what time period does the applicant require the services of the Care Van?
Permanent Temporary

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND THAT THE APPLICANT MEETS THE ELIGIBILITY GUIDELINE FOR THE ESPANOLA CARE VAN.

Signature _____
Print and sign if you cannot complete the digital signature

Date _____