



RENEWAL FOR ALL-TRIP PARATRANSIT ELIGIBILITY CERTIFICATION

Name: _____ Date of Birth: _____

Phone Numbers: _____
Home Phone Mobile Phone

Email: _____

Address: _____

Emergency Contact & Relationship: _____

Phone Number(s): _____

1. I use the following to assist me **(mark all that apply)**.

- | | | |
|---|---|--|
| <input type="checkbox"/> Cane | <input type="checkbox"/> Manual wheelchair | <input type="checkbox"/> Personal Care Attendant |
| <input type="checkbox"/> Walker | <input type="checkbox"/> Motorized wheelchair
or scooter | <input type="checkbox"/> Service Animal |
| <input type="checkbox"/> Prosthesis | <input type="checkbox"/> Wheelchair 24 to 34
inches wide | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> Portable oxygen
or respirator | | <input type="checkbox"/> Other answer:
<input type="text"/> |

2. Describe any changes to your travel abilities or needs.

3. Due to my disability, I require information in an alternate format. No Yes
If Yes, please write the format. _____

4. Send future information? To me, the Customer To the Designee listed below

Name of Designee: _____

Address of Designee: _____

Email of Designee: _____

Signature of Customer or Personal Representative: _____

To schedule your in-person renewal appointment, please call (585) 224-8330 and select option # 2.