

## VALLEY TRANSIT

## **Application for Dial-A-Ride** Honored Citizen (70+)

The category of "Honored Citizen" is for individuals who are 70 or more years of age, but who do not qualify for Dial-A-Ride under the ADA for a transportation disability. Please read all the instructions included with this application before completing and submitting the application. If you have any questions, please call the Valley Transit dispatch office at (509) 527-3779 between 8:00 am and 5:00 pm Monday through Friday. Materials are available in alternative formats upon request. Assistance for non-English speaking applicants is also available upon request.

hecklist of steps to apply for Honored Citizen (70+) status for Dial-A-Ride:							
Read Valley Transit's Dial-A-Ride Handbook							
Thoroughly read and complete all questions on page 2 of this application							
Submit the original completed application, in person or by mail to:							
Valley Transit 1401 W Rose St Walla Walla, WA 99362							

## **Notice of Determination**

You will be notified of your eligibility determination by letter (or another accessible format upon request) within 21 days of the submission of a completed application.

## **Ride Priority**

"Honored Citizens" will be served on a space and time available basis. Passengers who are ADA eligible for Dial-A-Ride will receive first priority in making trip reservations. Space and time available means that a passenger who has applied for service based on age alone may have their reservation cancelled if an ADA eligible passenger needs a ride at the same time, and there are not enough vehicles to serve everyone. Individuals in this category may have some trips scheduled on a combination of feeder service (Dial-A-Ride) and regular Fixed Route bus service.

<u>P</u> a	art 1: Personal Infor	mation					
1.	Name:						
	Last	First			Middle Initial		
2.	Address:		Apt. #:				
3.	City:	St	ate:	Zip Co	ode:		
4.	Home Phone:		Date of Birth:				
5.	Emergency Contact:		Phone #:				
D:	art 2: Mobility Equip	ment					
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	e answers to the question utilized to provide your tra		seu to ensu	e mat m	e appropriate veriicie		
13	utilized to provide your tra	ansportation needs.					
1.	Please circle any and all r	nobility aids that you exp	pect to use v	vhen you	travel:		
	None	Power Wheelchair	Walker		White Cane		
	Manual Wheelchair	Crutches	Power Sc	ooter	Cane		
2.	If you use a scooter/wheelong? (circle one)		) inches wid	e, and/or	more than 48 inches		
<u>Pa</u>	art 3: Signature and	Certification of Info	rmation				
۱h	ereby certify that the info	rmation given above is c	orrect.				
Applicant Signature: Date:					:		
Ρle	ease complete below if thi	s application was comple	eted by som	eone othe	er than the applicant		
Re	elationship to the applican	t:					
Na	Name:			Phone #:			
Or	ganization/Agency:						
Sic	anature:		Da-	to·			