



Keeping Harris County Moving



Office Use Only:	
Grant Code:	_____
Agency Code:	_____
Registered Date:	_____

8410 Lantern Point Drive, Houston, Texas 77054
Main: (713) 368-RIDE (713-368-7433)
Fax: (713) 437-4860

Program Funded by
Federal Transit Administration (FTA)
(Grant funds have expiration dates)

Registration Form

APPLICANT:

First Name: _____ Last Name: _____ M.I.: _____

Sex (M/F): _____ Race/Ethnicity: _____ Date of Birth: ____/____/____

Home Number: (____) _____ Alternate Number: (____) _____ E-mail: _____

What is your preferred method of contact? E-mail? _____ Home Phone? _____ Alternate Phone? _____ Mail? _____

Primary language spoken in the home (Check One): English __ Spanish __ Vietnamese __ Other _____

(Check One): Single _____ Married _____ Divorced _____ Widowed _____

Address of Applicant:

_____ TX _____
Number Street Apt. # City Zip Code

Mailing Address: (if different from above)

_____ TX _____
Number Street Apt. # City Zip Code

Name and Phone Number of Relative, Friend, or Neighbor who can usually contact you:

_____ (____) _____ (____) _____
Name Relation Home Phone Work Phone

Check this status if senior and/or a person with disabilities:

Older Adult(s) (age 65 & above) _____
Person with disabilities _____
Older Adult(s) (age 65 & above) AND person with disabilities _____

Mobility Status (Check One):

Ambulatory (able to walk) _____
Wheelchair User _____

Are you a military veteran?

Yes _____
No _____

Check ALL that apply:

Applied for METROLift _____
Approved for METROLift _____
Denied by METROLift _____

A fee of \$30.00 will be charged to you for any stopped payments or returned items.

*** Funds added to the Rides Fare Card are non-refundable & non-Transferable ***

The above named applicant has examined the eligibility requirements of RIDES, subsidized by H-GAC funding, and has submitted this application for participation in such program after certifying that all of the information so submitted is true and correct. It is expressly understood and agreed that should it be determined at any time by RIDES, its officers, agents and/or employees that this application contains incorrect or incomplete information, the above named individual shall be disqualified from participation in the program and shall be required to repay RIDES all expenses incurred as a result of such individual's participation.

CERTIFICATION:

The section is to be signed by the applicant or by person authorized to sign for client . A witness is needed for any signature made by a mark. I certify this application has been completed to the best of my knowledge with complete and accurate information. I understand any false statements or omissions to the best of my knowledge with complete and accurate information. I understand any false statements or omissions of facts relevant to my eligibility for assistance will be considered fraud, and that I may be prosecuted under applicable U.S. Codes for this fraud. Furthermore, I understand that assistance is contingent upon availability of funds.

Applicant _____ *Date* _____ *Witness (if signed by a mark indication)* _____

The Office of RIDES – Specialized Transportation for Harris County is wheelchair-accessible. Reserved parking spaces are available.

THE FOLLOWING DOCUMENTS ARE REQUIRED:

1.) State Issued Identification Card OR 2.) State Issued Drivers License

2.) Proof of Disability:

Acceptable documents (submit (1) of the following):

- a.) Doctor's Certification Form**
- b.) Supplemental Security Income (SSI)**
- c.) Social Security Disability Insurance (SSDI)**
- d.) Other Verification**