



<b>Office Use Only:</b>	
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.*

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***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      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**

**TITLE VI NOTICE**

Harris County operates its programs and services without regard to race, color, and national origin in accordance with Title VI of the Civil Rights Act. Any person who believes she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with Harris County.

For more information on Harris County's civil rights program and the procedures to file a complaint, contact 713-578-2000, TTY Dial 7-1-1 (1-800-735-2988); email [transit@csd.hctx.net](mailto:transit@csd.hctx.net); or visit our administrative office at 8410 Lantern Point Drive, Houston, Texas 77054. For more information, visit [www.harriscountytransit.com](http://www.harriscountytransit.com)