



ETHRA ELDERLY AND DISABLED REGISTRATION APPLICATION

9111 Cross Park Drive, Knoxville, TN 37923

ETHRA Phone: (865) 691-2551 • Fax 865-244-1711

Thank you for your interest in the ETHRA Elderly and Disabled program. Please note that you must complete an application **AND** be certified by ETHRA before using the Elderly and Disabled program. You will be notified regarding eligibility within ten(10) days from the date the completed application is received.

SECTION A: Customer Registration

Customer Name _____ Customer Address _____
 City, State, ZIP _____ Phone: Home _____
 Work _____
 Date of Birth: _____ Soc. Sec. # _____
 Emergency Contact _____ Phone: Home _____
 Relationship: _____ Work _____

SECTION B: Statement of Disability

- 1) Please describe your disability and how it creates transportation issue.

- 2) Are there any special conditions or effects of your disability of which we should be made aware?

- 3) Do you require a Personal Care Attendant (PCA)? (A PCA is a person who must travel with you to assist in performing medical or personal tasks)

- 4) What is the duration of your disability? Permanent Temporary
 Please indicate duration of temporary disability _____

SECTION C: Mobility Limitations

In order to assist ETHRA in determining eligibility, please answer the following questions regarding your mobility limitations:

- | | | | | |
|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|
| YES | NO | | YES | NO |
| <input type="checkbox"/> | <input type="checkbox"/> | Can board lift-equipped bus. | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Can board bus without lift. | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Can identify correct bus. | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Can grip railing & handles. | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Can balance while seated | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Can read/hear/understand directions | | |

- Can travel 200 feet W/O assistance.

(Continuation of Section C)

In the space provided, please list any mobility aids that you would use while traveling on ETHRA buses: (i.e.: wheelchairs, motorized cart, and service animal):

SECTION D –AGE VERIFICATION

Age Verification Document: *(Staff who saw documentation: _____)*

- _____ Birth Certificate _____ Social Security _____ Passport _____ Medicare Card _____ Driver’s License
- _____ U.S. Census Records _____ School Record _____ Employment ID Card _____ Wedding
- _____ Military/Veteran’s ID Card _____ Divorce Decree _____ Self-Declaration Statement

SECTION D- Health Care Professional Supporting Application

(This section MUST be completed by a Health Care professional)

- The information provided by the customer on this application is true to the best of my knowledge.
- There is information provided by the customer on the application that is **NOT** true to the best of my knowledge. Please explain below.

Name _____

Address _____

City, St., ZIP _____

Phone _____ Agency _____

License Number _____

Profession:

- Licensed Physician Licensed Optometrist Registered Occupation Therapist
- Licensed Physician Therapist Certified Psychologist Other ETHRA approved professional
- Certified Rehabilitation Specialist Licensed Podiatrist Certified Health Care Professional
- Licensed Social Worker (i.e. Physician’s Assistant or Nurse Practitioner)

ATTENTION APPLICANT: Submissions of this application certifies that you have read and understand the attached ETHRA Elderly and Disabled Handbook and the above information is true and correct.

Customer Signature _____ Date _____

Health Care Professional Signature _____ Date _____

FOR OFFICE USE ONLY

A) Date application received: ___/___/___

C) Date application approved: ___/___/___

B) Application completed? YES NO If no, list reason(s):

D) Date application disapproved: ___/___/___ List reason:
