



RED ROSE TRANSIT AUTHORITY
45 Erick Rd., Lancaster, PA 17601 717-291-1243

SENIOR SHARED-RIDE APPLICATION

(PLEASE PRINT)

Customer Name Last First MI

Address Street Address Apt No.

City State Zip Code

Phone Number Male Female

Birth Date

Do you use any of the following mobility aids? (check all that apply)

Manual Wheelchair Motorized Scooter Crutches Cane
Service Animal Electric Wheelchair Walker Other

Can you travel alone? Yes No

Are you interested in receiving the Senior Shared-Ride Transit ID Card? Yes No

The ONLY acceptable proof of age documents (one required). Please send a photocopy of your proof of age along with this application. If a copy is not received, you will be required to pay full fare.

- Armed forces discharge/separation papers Passport/naturalization papers
Baptismal Certificate Pennsylvania ID card
Birth Certificate Photo motor vehicle operator's license
Resident Alien Card Statement of age from U.S. Social Security
PACE ID Card Administration Office

I authorize the release and/or receipt of information necessary for the delivery of service to me. I hereby certify that the above information is true and correct, to the best of my knowledge, information and belief.

Signature Date:



Consumer Registration Form

Consumer Information

Salutation	
First Name	
Middle Name	
Last Name	
Date of Birth	
Date Registered	
SSN	
Medicare #	
Gender	
Phone Number	() -
Consumer Type	Registered / Eligible / Ineligible
Is Volunteer	Yes / No
Email Address	
Is Member	Yes / No
Notes	

Emergency Contact

Name	
Phone	() -
Relation	

Residential Address

Address Line 1	
Address Line 2	
City	
State	
ZIP	
County	
Municipality	

NAPIS

In Poverty	
Lives Alone	Yes / No
Ethnicity	<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Don't Know
Ethnic Race	<input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Non-Minority (White, Non-Hispanic) <input type="checkbox"/> Asian <input type="checkbox"/> White-Hispanic <input type="checkbox"/> Other
Marital Status	
Nutrition Score	
Nutrition At Risk	Yes / No

Other

Health Info	
Medications	
General Info	
Membership ID#	
Doctor Contact	
Additional Emergency Contacts	
Receive AAA Newsletter by Mail?	Yes / No