

MAIL COMPLETED FORM AND
PROOF OF ELIGIBILITY TO:
ATTN: Customer Service Rep
4352 E.F. Lowry Expressway
Texas City, Texas 77591



www.HarrisCountyTransit.com

Application and Registration Form

APPLICANT:

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

Date of Birth: ____/____/____ Race/Ethnicity: _____ E-mail: _____

Home Number: (____) _____ Alternate Number: (____) _____

Sex (M/F): _____ (Check One): Single _____ Married _____ Divorced _____ Widowed _____

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

What is your preferred method of contact?

E-mail? _____ Home Phone? _____ Alternate Phone? _____ Mail? _____

Address of Applicant:

Number Street Apt # City TX Zip Code

Mailing Address: (if different from above)

Number Street Apt # City TX 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:

Senior (age 65 & above) _____
Person with disabilities _____

Mobility Status (Check One):

Ambulatory (able to walk) _____
Wheelchair User _____

Check this status for Low-Income Qualification only:

Low-Income _____

Do you require additional assistance? We provide Ambassadors on selected routes of shared ride vans that will provide personal assistance to you from your pickup location to your destination.

Circle all that apply.

Boarding and/or unboarding
Carrying small packages
Other (List below)

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 ONLY IF applicant is under the age of 65

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

a.) Doctor's Certification Form_____

b.) SSI_____

c.) SSDI_____

d.) Other Verification_____

Section to be completed by The Gulf Coast Center:

Application Status: Circle One: Approved / Denied

If approved: Registration Date: _____

Card Number Issued: _____

Grant Code: _____

Agency Code: _____

Applicant Qualified Under: New Freedom _____ OR Job Acces _____