

AR Reliable Seats

Address: _____

Cell Phone: _____

Name of Emergency Contact: _____

Phone Number of Emergency Contact _____

Relationship to applicant: (Circle One) Spouse...Son...Daughter...Sister...Brother...Parent.

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

- Manual Wheelchair
- Electric Wheelchair
- Power Chair or Scooter
- Cane
- Crutches
- Personal Care Attendant
- Guide Dog
- Other

Do you require a personal care attendant when you travel using transit?

- Yes
- No

Can you travel 200 feet without the assistance of another person?

- Yes
- No
- Sometimes

Can you climb three 12-inch steps without assistance?

- Yes
 - No
 - Sometimes
-

Can you wait outside without support for ten minutes?

Yes

No

Sometimes

Do you require oxygen (portable) Yes No

Additional information for the rider: Please bring one bag on board due to limited space,

I hereby certify that the information provided above is correct and authorize the release of information for emergency purpose.

Sign: _____

Date: _____

If other than applicant, what is your relationship to the applicant? _____

To report an emergency, call 911 (where applicable) or your local law enforcement office. This form is for non-emergency contact only. We will contact you once we have received your submission if your contact information is provided. If you do not hear from us in 24 hours, please call our office.