

# TRANSPORTATION AGENCY

CELIA M. MAHIKOA, EXECUTIVE

LEONARD T. PETERS, ASSISTANT EXECUTIVE



DEREK S.K. KAWAKAMI, MAYOR  
MICHAEL A. DAHLIG, MANAGING DIRECTOR

## SENIOR (65+) PARATRANSIT APPLICATION

### Instruction:

1. Fill out Transportation Paratransit Service Application.
2. Take or mail the completed application to:  
  

County of Kauai  
Transportation Agency  
3220 Hoolako Street  
Lihue, HI 96766
3. Please make sure your application is complete and all questions are answered. Incomplete applications will be returned and not processed until completed.
4. The Transportation Agency will review your application and follow up as necessary to determine your eligibility for ADA service.
5. You will be notified in writing as to your eligibility status.

**County of Kauai**  
**TRANSPORTATION AGENCY**  
**Paratransit (Door-to-Door) Service Application**

Check all that apply:

Senior  Male  
 Agency  Female  
 Senior Center Member

DATE: \_\_\_\_\_

Name: \_\_\_\_\_,  
Last First Middle Initial

Birth Date: \_\_\_\_\_ Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
P.O. Box or Street Town State Zip-Code

Residence Address: \_\_\_\_\_  
Street Town

Directions to Home \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Mobility Status: (Please check all that apply)**

Walk-on  Uses Cane  Uses Walker  Uses Crutches  Need to use lift instead of steps  
 Manual Wheelchair Length: \_\_\_\_\_ Width: \_\_\_\_\_  Requires Portable Oxygen  
 Motorized Wheelchair Length: \_\_\_\_\_ Width: \_\_\_\_\_  Requires Personal Care Attendant  
 3-Wheel Scooter Length: \_\_\_\_\_ Width: \_\_\_\_\_  Other: \_\_\_\_\_

*Common wheelchair/scooter size limits: 53" in length and 33" in width and 800 pounds when occupied.*

**PLEASE PROVIDE THE FOLLOWING INFORMATION FOR STATISTICAL PURPOSES:**

**Ethnic Group (Check One)**

African American  American Indian/Alaskan Native  Japanese,  Filipino  Korean  
 Hawaiian/Part Hawaiian  Hispanic/Latino  Chinese  Vietnamese  Other Asian/Pacific Islander  
 Samoan  White  Choose Not To Declare

**Household Size (Check One)**

Live Alone  With Spouse  With Relatives  With Non-relatives  Care Home  
 Other \_\_\_\_\_  Choose Not To Declare

**Personal Income:** \$ \_\_\_\_\_ Per Month \_\_\_\_\_ Choose Not To Declare

I hereby authorize the release of information and photos relating to transportation services for statistical purposes.

Signature \_\_\_\_\_ Name of Person Other Than Applicant Completing Form \_\_\_\_\_

Date \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Return completed form to: County of Kauai, Transportation Agency, 3220 Hoolako Street, Lihue, HI 96766**