TRANSPORTATION AGENCY

CELIA M. MAHIKOA, EXECUTIVE LEONARD T. PETERS, ASSISTANT EXECUTIVE



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. <u>Incomplete applications</u> 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.

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

Check all that apply: Senior N	Mala				
SeniorMale Agency Female					
Senior Center Member		DATE :			
Name:					
Last		First	,	Middle Initial	
Birth Date: Phone:		Email Address	Email Address:		
Mailing Address:					
P.O. Box or Street		Town	State	Zip-Code	
Residence Address:					
Street				Town	
Directions to Home					
Emergency Contact:		Relationship:	Phor	Phone:	
Malala Castan (Dlassa)	-111 4141				
Mobility Status: (Please che _Walk-on Uses Cane	ck an that apply) Uses Walker	Uses Crutches	Need to use lift	instead of steps	
Manual Wheelchair Length:		Width:	_Uses Crutches Need to use lift instead of steps Requires Portable Oxygen		
Motorized Wheelchair 3-Wheel Scooter Length: Length:		Width:	Requires Person	equires Personal Care Attendant	
PLEASE PROVIDE THE FOLLOWING INFORMATION FOR STATISTICAL PURPOSES:					
Ethnic Group (Check One)African AmericanAmerican Indian/Alaskan NativeJapanese,FilipinoKorean					
Hawaiian/Part Hawaiian Hispanic/Latino Chinese Vietnamese Other Asian/Pacific Islander					
SamoanWhiteChoose Not To Declare					
Household Size (Cheek One)					
Household Size (Check One) Live Alone With Spouse _With Relatives With Non-relatives _ Care Home					
Other Choose Not To Declare					
Personal Income: \$	Per Mo	nth Cl	hoose Not To Declare	2	
	1 CI 1VIO		noose Not 10 Deciar	_	
I hereby authorize the release of information and photos relating to transportation services for statistical purposes.					
Signature		Name of Pers	Name of Person Other Than Applicant Completing Form		
Date		Relationship		Phone	
Return completed form to: Cou	ınty of Kanai Tr	eansportation Agancy	3220 Hooleka Stree	t Libue HI 96766	