



Richland Hills - Transportation Application for Mobility Impaired

Have you utilized a Mobility Impaired Transportation Service previously? YES NO

Date of Birth: _____

Name: _____
First Middle Initial Last

Home Phone: _____ Cell Phone: _____

Home Address: _____
Address City

Emergency Contact: _____
Name Relationship Phone

Emergency Contact: _____
Address City State Zip

Assistive Device used? Check all that apply:

Manual Wheelchair Electric Wheelchair Powered Scooter Portable Oxygen

Cane Crutches Walker Prosthesis Service Animal Other

If necessary, can you transfer yourself from your wheelchair to a passenger car? Yes No

Most frequent destinations - list addresses: _____

Is disability: Permanent Temporary

If temporary, how long do you estimate transportation services will be required? _____

Signature

Date

A new application and subsequent determination of eligibility will be required at least once every two years. Additional information may be required to receive or maintain your eligibility to utilize the service.