



Please print all information clearly. Thank you.

Section 1: Passenger Information

Name: _____

Home Address: _____

Name of Building or Complex (if applicable) _____

Apartment number: _____ City: _____

Zip: _____ Date of Birth: _____

Home Phone: _____ Cell Phone: _____

Section 2: Please check all areas that apply to your travel needs:

1. I use mobility aids

<input type="checkbox"/> Manual Wheelchair	<input type="checkbox"/> Electric Wheelchair
<input type="checkbox"/> Amigo/Power Scooter	<input type="checkbox"/> Cane
<input type="checkbox"/> Walker	<input type="checkbox"/> Crutches
<input type="checkbox"/> Guide Dog	<input type="checkbox"/> Personal Wheeled Cart

2. I need to travel with staff while on the bus.

3. I have a vision impairment

4. I have a hearing impairment

5. I travel with oxygen

6. Any other information that DATA needs to be aware of:

Continued on next page

Section 3: Emergency Contact Information

List the names of two people and/or agency (if appropriate) which may be contacted in case of an emergency:

Contact Name #1 _____

Phone _____ Alternate Phone _____

Address: _____

Relationship: _____

Contact Name #2 _____

Phone _____ Alternate Phone _____

Address: _____

Relationship: _____

Section 4: ADA Verification – Any passenger (other than senior citizens) who is eligible for the reduced fare under the Americans with Disabilities Act (ADA) needs to have a medical doctor or mental health professional complete this section.

I attest that _____ (name) is eligible for the reduced fare based on their ADA qualifications.

Signature: _____

Name of Professional: _____

Agency (if applicable): _____

City _____ State _____ Zip _____

Phone Number: _____

Reminder: A separate form must be completed for each family member.

Return your completed application to:

Delta Area Transit Authority
2901 27th Avenue North
Escanaba, MI 49829