

Office Use Only
Client ID # _____



TRANSIT PLUS ELIGIBILITY APPLICATION

Do you have a current Transit Plus card? Yes No Expires (date) _____

Do you have a current MCTS Reduced Fare (1/2 fare) card? Yes No Expires (date) _____

Have you applied for and been denied service through Transit Plus? Yes No

If yes, how has your condition changed? _____

Last Name: _____ **First Name:** _____ **MI:** _____ **Gender:** _____

Address: _____ **Apt #:** _____

City: _____ **State:** _____ **Zip:** _____

Social Security Number: _____ Date of Birth: _____

Primary Telephone: (____) _____	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Secondary Telephone: (____) _____	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
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Guardian Name/Mailing Address (if different): _____

EMERGENCY CONTACT INFORMATION

Name: _____ **Relationship:** _____

Address: _____

Primary Telephone: (____) _____	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Secondary Telephone: (____) _____	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
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Do you use any of the following mobility or communication aids? Cane Walker

Sighted Cane (red/white) Manual Wheelchair* Powered Wheelchair/Scooter*

Oversized Wheelchair* Service Animal Crutches Prosthesis Braces

Communication/Talking Board Hearing Aid(s) Other

How often do you use these aids (always, sometimes, indoors/outdoors)? _____

***Please Note: If you use a wheelchair or scooter, Transit Plus may not be able to accommodate you if your wheelchair/scooter exceeds the following measurements: ❶ no wider than 30" (measured two inches above ground level) ❷ no longer than 48" (measured from front of foot rest to back of rear wheel, two inches above ground level) ❸ combined weight when occupied is more than 600 pounds.**

(over)

Do you currently or have you ever used the Milwaukee County Transit System (city bus)?

- Yes (currently) Yes (in the past) No

If yes, what routes do you use, where do you take them, and how often do you use the bus?

Are you able to travel without assistance (independently) in the community?

- Yes No At times

If no, or at times, please explain: _____

How do you currently travel? (Check all that apply) Drive Take the bus (MCTS) Walk

Rely on family/friends Title 19 service Taxi rides Transit Plus Other _____

ACTION STEPS:

**A. Call (414) 343-1700 to schedule your in-person functional assessment appointment*.
TTY # (414) 343-1704 Fax # (414) 343-1787**

B. Please bring the following documents with you to your assessment, as you will not be granted eligibility without them:

- 1. This Transit Plus application fully completed.**
- 2. The Transit Plus Medical Documentation Form fully completed.**
- 3. A current form of photo identification.**

I certify that, to the best of my knowledge, the information given on this application is true and accurate. I understand that MCTS will rely upon this information when determining my eligibility for participation in the Transit Plus program. I also understand that providing false or misleading information could result in my eligibility status being revoked.

I hereby authorize the release, either verbally or in writing, of any disability-related medical information to the Transit Plus office. I understand that this information may be used in conjunction with this application when determining my eligibility for Paratransit services through Transit Plus, and will not be released without my written authorization.

Applicant Signature

Date

Guardian (if applicable)

Date

***Please arrive 10 minutes prior to your appointment with your completed forms. The Transit Plus office is located at 1942 N. 17th Street, Milwaukee, WI 53205, in the Milwaukee County Transit System's Administration Building. Accessible parking is available.**