

Updated April 24, 2013

Straits Regional Ride
1520 Levering Rd.
Cheboygan MI.
49721
Special Services Application

Persons with a disability in Cheboygan, Emmet and Presque Isle Counties may receive transportation services at a reduced rate upon approval from Straits Regional Ride. Completion of the social services Application will be reviewed and upon approval, an identification card will be mailed to your residence. Anytime you choose to utilize the services of Straits Regional Ride, just present your identification card to any driver and receive our reduced rates. If your application is denied for some reasons, you will be given the opportunity to provide additional information for reconsideration.

Section I – To be completed by the applicant – please print clearly.

Applicants Name _____

Home Address _____

City _____ Zip code _____

Home Phone _____ Work phone _____

Please indicate your disability - Physical _____ Mental _____ Visual _____

Please indicate the aids used by the passenger for mobility.

___ Manual Wheelchair ___ Amigo ___ Electric Wheelchair

___ Aide /Helper ___ Guide dog or service dog.

___ Crutches/cane ___ Portable oxygen tank or respirator.

Please indicate any other information that we should consider. (i.e.seizures,etc.)

I certify that the information stated above is correct to the best of my knowedlge. I authorize the completion of section II and the release of this information and related information pertinent to my application to Straits Regional Ride.

Applicant Signature _____ **Date** _____

If section I was completed by anyone other than applicant Please complete the information below: (please print clearly)

Name _____ Relationship to applicant _____

Address _____

City _____ Phone _____

Signature _____

Section II – To be completed by professional on behalf of the applicant—(Please print clearly)

Does the applicant have a disability that qualifies him/her for special transportation needs. _____

Applicant's condition is _____ permanent _____ temporary – duration _____ to _____

Applicant's condition is expected to _____ improve _____ stay the same _____ deteriorate.

Applicant _____ can _____ cannot climb the steps of the bus using the handrail?

Applicant _____ can _____ cannot drive a vehicle.

Please indicate if the applicant is able to:

- _____ recall their address
- _____ recall their phone number
- _____ Signs his/her name
- _____ interact with others
- _____ Recognize streets and bus numbers.
- _____ Deal with change / unexpected situations.
- _____ Understand and ask for directions.

Is this person capable of transferring buses to reach his/her final destination?

_____ yes _____ No

The professional completing this documentation should be a medical physician, physical or occupational therapist, mental health therapist or rehabilitation professional.

Name _____
 Office address _____
 City _____ zip code _____ phone _____
 Agency _____ title _____

Signature _____ Date _____

Additional
Comments _____

If you have any questions regarding this request, please feel free to call Straits Regional Ride 231- 597-9262 for the bus Manager.

Section III – To be completed by personal care Aide (Please print clearly)

Personal Care Aide

I, _____ certify that I am
(Print name) _____ Personal Care Aide (PCA).

_____ I am a Professional PCA

_____ I am a family member acting in the capacity of PCA.

PCA Signature _____ Date _____

***** Office Use Only*****

Date Received _____ ID card mailed _____

_____ Approved _____ Denied _____ Dispatcher _____

BY _____