

**GLADWIN CITY-COUNTY TRANSIT**  
**615 Weaver Ct**  
**Gladwin, MI 48624**  
**989-426-6514**  
**989-426-5947 Fax**

ADA application

Please print all information clearly. Thank you.

**Section1: Passenger Information:**

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Home address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**Section2: Please check areas that apply to your travel needs:**

1. I use mobility aids

\_\_\_\_ Manual/electric wheelchair

\_\_\_\_ Crutches

\_\_\_\_ Amigo/power scooter

\_\_\_\_ Cane

\_\_\_\_ Walker

\_\_\_\_ Grocery Cart

2. \_\_\_\_ I have a vision impairment

3. \_\_\_\_ I have a hearing impairment

4. \_\_\_\_ I travel with oxygen

5. Any other needs or information for the Transit:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Section 3: Emergency contact information

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

Contact #1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Address: \_\_\_\_\_

Contact #2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Address: \_\_\_\_\_

**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 provider or mental health professional complete this section.

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

Their disability is \_\_\_\_\_ permanent \_\_\_\_\_ temporary

If temporary, length of time until reevaluation: \_\_\_\_\_ 3 months \_\_\_\_\_ 6 months \_\_\_\_\_ 12 months

I feel an aid is recommended for help with \_\_\_\_\_ mobility \_\_\_\_\_ packages

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Provider/professional: \_\_\_\_\_

Agency (if applicable): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_

**REMINDER: A separate form must be completed for each family member**

Return your completed application to your bus driver or mail or fax to:

**GLADWIN CITY-COUNTY TRANSIT**

**615 Weaver Ct**

**Gladwin, MI 48624**

**989-426-6514**

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**IF you have any questions, please call Dispatch at 989-426-6514**