



615 Harrison Street, Flint, MI. 48503. Phone: (810) 767-0100

**APPLICATION FOR MTA ELIGIBILITY CARD**

The information on this form will be used by MTA in its certification process. Information will only be shared with other transit providers to facilitate travel in those areas, if the request is made by the applicant. The information will not be provided to any other person or agency.

1. Last Name \_\_\_\_\_ First name \_\_\_\_\_ M.I. \_\_\_\_\_
2. Address \_\_\_\_\_ Apt.# \_\_\_\_\_  
City/Town \_\_\_\_\_ Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_
3. Telephone (Home) \_\_\_\_\_ Work \_\_\_\_\_  
Mobile (cell ) \_\_\_\_\_
4. What main streets are near your home? \_\_\_\_\_
5. Circle on what service you will use your card Your Ride Transit Both
6. Do you have a Physical, Mental, or Visual Disability ? Yes \_\_\_ No \_\_\_

**This application must be accompanied by the attached verification form.**

Eligibility Card Number: \_\_\_\_\_ Issuing Agency: \_\_\_\_\_

Replacement Card # \_\_\_\_\_ Date of Replacement: \_\_\_\_\_



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**Verification of Disability**

By a Health or Agency Professional

**Name of Applicant** \_\_\_\_\_

The applicant named above has applied for a MTA Eligibility Card. This is a system which has been developed to provide access to mobility for citizens with disabilities. The above individual indicated a disability, the nature of which would require utilization of the MTA services either on occasion or on a full time basis. Your answers to the following statements and questions will assist us in determining how we might best serve the individual’s transportation needs. Thank you for taking the time to assist the MTA. It is greatly appreciated by both the MTA and the applicant. **Please allow at least 30 minutes for processing paperwork.**

**Health or Agency Professional: Below this line, please fill out completely.**

Please provide additional information on a **Doctor’s script or Letterhead of the Agency** describing the individual’s disability along with this application and verification form.

Would this disability require MTA services: (Please Check Below)

On occasion:\_\_\_\_\_ or Full Time\_\_\_\_\_

Printed Name:\_\_\_\_\_ Agency:\_\_\_\_\_

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

Phone number where you can be reached, if necessary:\_\_\_\_\_