



ACCESS CONNECTIONS PROGRAM - APPLICATION

Name: _____
Last First Date of Birth

Address: _____

City _____ State _____ Zip _____

Phone: Home _____ Work _____

Cell _____ E-mail address _____

Information about your disability

◆ What is your disability? _____

◆ How does your disability limit you? Check all that apply:

_____ Walking _____ Seeing _____ Communicating

_____ Understanding _____ Hearing _____ Problem solving

◆ Is your disability permanent? _____ Yes _____ No

◆ If no – what is the expected duration? _____

◆ Do you use any mobility aids? _____ Yes _____ No

Port Authority Bus Service You Will Use

◆ Which Port Authority routes serve your neighborhood? _____

◆ Where is the bus stop closest to your home? _____

◆ Why do you need ACCESS Connections Service? (Check as many as apply)

_____ The bus stop is more than $\frac{3}{4}$ mile from my home

_____ The bus stop is more than $\frac{3}{4}$ mile from my destination

_____ There is no bus service at the time I need to travel

_____ I have to take several buses, which takes me a long time

OVER

Trips you will take

Please list the three most common trips you would like to take.

Origin

Destination

Frequency

Setting up your Personal E-Purse Account

◆ Select your PIN for your e-purse (must be numeric and at least 4 digits) _____

◆ Choose a secret question. Write your answer next to the one you selected.

What is the month and year of your mother's birth? (ex. 01/1932) _____

Name of the city where you were born? _____

What is your mother's maiden name? _____

Who was your childhood hero? _____

Emergency Contact

◆ Please provide the name and phone number for someone we should contact in case of an emergency (optional):

◆ How did you find out about the Connections Program?

Signature (Required)

I certify that I have been truthful in answering this form, and that the information I have provided is accurate and correct.

Signature

Date

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