



**ADA TEMPORARY VISITOR APPLICATION**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell/Work \_\_\_\_\_

**Attached Verification of Residence (select one):**

- Current Driver's License
- Verification from Social Security Administration
- Voter Registration Card
- Current Utility Bill (Phone, Electric or Gas)

What is your disability? \_\_\_\_\_

**Please indicate the mobility equipment you use (select all that apply):**

- Manual Wheelchair
- Power wheelchair
- Scooter
- Other \_\_\_\_\_
- Walker/Rollator
- Cane
- White Cane
- Crutches
- Service Animal
- Oxygen

If available, please attach a copy of ADA paratransit eligibility card issued by your home system. If you do not have one, and your disability is not apparent (such as use of a wheelchair, crutches, white cane, etc.) you must attach current verification of your disability from a health care or rehabilitation professional, state or federal agency.

Do you require a personal attendant when traveling? **(select one):**  Yes  No  Sometimes

When do you expect to arrive in Allegheny County? \_\_\_\_\_

How long do you anticipate staying? \_\_\_\_\_

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