



Application for LANtaVan Paratransit Services  
Senior Shared Ride Lottery Program for People 65+

Ecolane ID # \_\_\_\_\_  
Office Use Only

**\*\* PLEASE PRINT LEGIBLY\*\***

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Home Address (Street and Number): \_\_\_\_\_

Apt. #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County of Residence: \_\_\_\_\_ Gender: \_\_\_\_\_

Telephone: Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Mailing Address (Street and Number): \_\_\_\_\_

Apt. #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

**Emergency Contact**

\_\_\_\_\_  
Name Telephone Relationship

\_\_\_\_\_  
Name Telephone Relationship

**Mobility Device**

Please check mobility device (check all that apply):

- Manual wheelchair
- Motorized wheelchair
- Scooter
- Other: \_\_\_\_\_
- Service animal
- White cane
- Personal care attendant

Approximate combined weight of you and your mobility device: \_\_\_\_\_

**Personal Care Attendant Information**

A personal care attendant (“PCA”) is someone, aged 12 or older, employed specifically to assist me with the completion of at least one daily life activity on a regular basis.

LANtaVan does not provide PCAs. If you require a PCA, you must provide your own and the PCA will ride for free whenever you need them to travel with you.

I will need a PCA (check one):  permanently  temporarily  occasionally

Please describe the assistance to be provided by the PCA: \_\_\_\_\_

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

If temporarily, please list the start and end dates when you will need the PCA: \_\_\_\_\_

If occasionally, provide the circumstances under which you will need the PCA: \_\_\_\_\_

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

**Application Certification**

I certify that the above information is true, accurate and complete.

\_\_\_\_\_  
Applicant or personal representative signature Date

\_\_\_\_\_  
Printed name of personal representative Relationship Telephone