

Expiration Date: \_\_\_\_\_

E- \_\_\_\_\_

Date of Certification: \_\_\_\_\_

Proof of Birthdate:  Medicare card  State ID  Driver's license

Address: 101 N. Jackson St. Danville, IL 61832

Phone: 217-431-0653

***Senior 65+***  
***Request for Free Ride Program***



The information obtained in this certification process will be used by Danville Mass Transit for the purpose of securing reduced-fare status. The information will not be provided to any other person or agency.

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

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

3. Phone: (Home): \_\_\_\_\_

4. Date of Birth: \_\_\_\_\_

**I hereby certify that the information given above is correct.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please take a minute to complete the questions on the back of this form. The information will be used to evaluate the abilities and needs of our senior riders. Thank you.

**1. Do you use any of the following mobility aids? (Check all that apply)**

Manual wheelchair \_\_\_ Power wheelchair \_\_\_ Power scooter \_\_\_  
Cane \_\_\_ Crutches \_\_\_ Walker \_\_\_ Other \_\_\_\_\_

**2. What special services do you need to use the fixed route buses?**

(Check all that apply)

Stop announcements \_\_\_ Priority seating \_\_\_ Travel training \_\_\_  
Lift / ramp use \_\_\_ Special signage \_\_\_ Personal care attendant \_\_\_  
Other \_\_\_\_\_

**3. How often do you use the bus service?**

Daily \_\_\_ Several times a week \_\_\_ Occasionally \_\_\_

**4. What concerns do you have about using the bus system? (Check all that apply)**

Cost \_\_\_ Walking distance \_\_\_ Safety \_\_\_  
Making connections \_\_\_ Other \_\_\_\_\_

**5. Do you use the bus to get to....? (Check all that apply)**

Work \_\_\_ Medical appointments \_\_\_ Shopping \_\_\_  
Other \_\_\_\_\_

**6. On days when you cannot use the bus, what prevents you from doing so?**

Health condition \_\_\_ Weather \_\_\_ Cost \_\_\_ Service area \_\_\_  
Hours of operation \_\_\_ Other \_\_\_\_\_

**7. Are there any changes you would like to suggest for the bus service?**

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

**8. Do you have any other comments you'd like to share with us regarding the service?**

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