

BART Consumer Registration Form

Section 1 – Complete for all Participants

Category (check one): _____ 65 or better

Prefix (circle one): Mr. Mrs. Ms.

Residential Address:

Last Name: _____ Street: _____

First Name: _____ Street: _____

Middle Initial: _____ County: _____

Suffix (circle one): Jr. Sr. Town: _____

Maiden Name: _____ State: _____

AKA Name (nickname): _____ Zip Code: _____

Marital Status (circle one): Married Widowed Township/Borough: _____

Divorced Single Legally Separated

Today's Date: _____

**Mailing Address same as Residential
(circle one): Yes No
If no, provide mailing address here:**

Gender (circle one): Female Male P.O. Box or Street: _____

Birth Date: _____ Street: _____

Social Security #: _____ County: _____
(full or last 4 numbers) Example: xxx/xx/xxxx

Home Phone: (____) _____ Town: _____

State: _____

Cell Phone: (____) _____ Zip Code: _____

Will you have a riding companion? Yes No

If yes, provide name

Complete revise side



BART Consumer Registration Form

Section 2 - Complete for 60+ Participants

Federal & State Reporting Requirements

Circle Answers to the following questions

Ethnicity

Hispanic or Latino: Yes No Unknown

In Poverty: Yes No

2015 Poverty Levels

1 Person 981/Month
2 Persons 1,328/Month
3 Persons 1,674/Month
4 Persons 2,021/Month
Each Additional 347/Month

Lives Alone: Yes No

High Nutritional Risk: Yes No

Ethnic Race:

- American Indian
- Asian
- Black/African American
- Native Hawaiian/Other Pacific Islander
- Non-Minority (White – Non-Hispanic)
- Other
- White - Hispanic

Emergency Contact (local family, friend, neighbor)

Name: _____

Relationship _____

Home Phone # () _____

Work or Cell Phone # () _____

Home Address: _____

Street: _____

Characteristics:

Abused/Neglected/Exploited: Yes No

Cognitive Impairment Unknown

None Moderate Mild Severe

Disabled: Yes No

Female Head of Household: Yes No

Frail Yes No

Homebound: Yes No

Medicare Eligible: Yes No

Receiving Social Security: Yes No

State Resident: Yes No

Tribal Yes No

Understands English: Yes No

US Citizen: Yes No

Veteran: Yes No

Veteran Dependent: Yes No

Primary Language Other than English:

Consumer/Consumer Representative

*I certify that the information provided above is true and correct to the best of my knowledge

Consumer Signature

**AGE VERIFICATION – HEALTH FORM
OLDER ADULT - FOR THE BUTLER AREA & RURAL TRANSIT
(BART)**

NAME _____
(Please print legibly)

ADDRESS _____

TELEPHONE NO: _____

DATE OF BIRTH _____

MEDICAL ASSISTANCE NUMBER _____

Please verify your age by providing a copy of one of the following items. **Applications missing this information will not be processed.** So that we may better serve you, please indicate any health concerns on the checklist on the back.

Sign and return this form and a copy of your age verification in the envelope provided.
(BART Applications, C/O Butler County Area Agency on Aging, 111 Sunnyview Circle, Bldg 3,
Butler, PA 16001)

ANY QUESTIONS CALL 724-282-3008 OR TOLL FREE 1.888-367-2434

- BIRTH CERTIFICATE
- BAPTISMAL CERTIFICATE
- DRIVER'S LICENSE
- PA. PHOTO I D CARD
- ARMED FORCES DISCHARGE
- STATEMENT OF AGE FROM
SOCIAL SECURITY OFFICE
FOR MEDICARE RECIPIENT

- PASSPORT
- NATURALIZATION PAPERS
- PACE** IDENTIFICATION CARD
- VETERAN'S UNIVERSAL
- RESIDENT ALIEN CARD ISSUED
BY U.S. DEPT OF IMMIGRATION
AND NATURALIZATION

I certify that the information provided here in true and correct to be best of my knowledge.

SIGNATURE OF APPLICANT

DATE

Complete reverse side



Agency Assessment Notes & Comments:

Date Approved _____ *Date BART Advised* _____

Date Consumer notified _____

Print Name _____

Please indicate any/all personal information we should know about to better serve you:

- Alzheimer's – riding alone
- Alzheimer's – riding with companion
- Blind – riding alone
- Blind – riding with a companion
- Bad eyesight
- Dementia
- Diabetes
- Epilepsy
- Frail
- Hearing impaired
- Use Oxygen
- Use a walker
- Use cane
- Use crutches
- Use **ELECTRIC** wheel chair
- Use **XL** wheel chair

Other: _____

BART #: 724-282-6060

BART CALL CENTER HOURS OF OPERATION

MONDAY – 8:00 AM – 3:00 PM

TUESDAY – 8:00 AM – 3:00 PM

WEDNESDAY – 8:00 AM – 3:00 PM

THURSDAY – 8:00 AM – 3:00 PM

FRIDAY – 8:00 AM – 11:00 AM

CALL CENTER SCHEDULING PROCEDURE

(A 3-Day advanced notice is required)

Monday until 3:00 PM – Schedule for Thursday

Tuesday until 3:00 PM – Schedule for Friday

Wednesday until 3:00 PM – Schedule for Monday

Thursday until 3:00 PM – Schedule for Tuesday

Friday until 11:00 AM – Schedule for Wednesday