OFFICE OF
COMMISSIONERS OF MIAMI COUNTY
Transit Department – Sarah Baker – Transportation Director
2036 N. Co. Rd. 25A * Troy, OH 45373-2984 * Ph. (937) 440-5488 * FAX (937) 440-5487
sabaker@miamicountyohio.gov

Miami County Public Transit Application for ED/Disabled Rider Cards

Check the appropriate option: (Select One Only) _____Elderly _____Disabled

Do you use one of the following: _Wheelchair _Walker _Cane _Other

Requirements:

- *Elderly Program*: Must be 65 or older. **Must provide proof of age.**
  (***Copy*** of either your State ID, Driver's License, or Birth Certificate)

OR

- *Disabled Program*: **Must provide document showing proof of disability.**
  (**Copy** of your Social Security Award Letter or Note from your Dr. on a prescription pad or office letterhead stating you have a permanent disability.)

Please make sure you sign all documents and return with a copy of your proof of age/disability.

*All lines **must** be completed* .

Name:_____ _____ _____
First Name **MI** (Must have) Last Name

Address:_____ Apt. #_____

City:_____ **State**:_____ **Zip**:_____ **Female**__ ___ **Male**__ ___

Phone Number:_____ **Age**:_____ **Date of Birth**: ___/___/_____

Signature of Applicant/Authorized Representative:_____**Date**:_____

**********(Office Use Only)**********

Signature of Eligibility Worker:_____

Date application received into the agency:_____ Date eligibility established:_____

#_____

2036 North County Road 25-A, Troy, Ohio 45373 Ph. (937) 440-5488 Fax (937)440-5487

Miami County Transit would like to inform you that as an Elderly and/or Disabled (blue card) applicant, you are eligible to be considered for door to door assistance.

If you are interested in door to door assistance, please fill out the attached form and return it with your application.

Please direct any questions to the Miami County Transit staff at (937)-440-5488.

DOOR TO DOOR CLIENT ASSISTANCE REQUEST

NAME:_____

ADDRESS: _____ APT. #_____

CITY:_____ STATE: _____ ZIP:_____

PLEASE SELECT ONE OPTION IF APPLICABLE.

☐ LIMITED MOBILITY ☐ MOBILE DEVICE

COMMENTS/QUESTIONS:

_____

_____

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