

# Fairfield County Transit

## Mobility Program Application



Application Date

### Applicant Information

First Name

Middle Initial

Last Name

Address

Phone Number

City

State

Zip Code

Gender

Email

Date of Birth

Mobility Need:

Elderly

Disabled

Service Animal Assistance

Yes

No

Personal Care Attendant Assistance

Yes

No

Special Assistance:

Wheelchair

Lift

Door to Door

I am a Veteran?

Yes

No

Other:

### Emergency Contact Information

First Name

Last Name

Relationship

Phone Number

Alternate Phone Number

Comments or Important information:

*I agree that I have provided true and accurate documentation to Fairfield County Transit for the purpose of qualifying for a Mobility Passport which I can use to obtain a discount on rides I schedule with FCT. I agree that if I qualify for a Mobility Passport, I will use it only for myself (not share it). I also understand that my Mobility Passport may be revoked at any time if it's use is abused.*

Applicant Signature

---

### Office Use Only

Mobility Passport Identification and Qualifying Documentation

Received Date

Mobility Card Mailed Date:

Processed by:

Authorizing Signature

---

Return Address: 746 Lawrence Street, Lancaster, Ohio 43130