



# lebanon transit

## ADA SHARED RIDE APPLICATION

1. NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

2. ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

3. HOME# \_\_\_\_\_ CELL # \_\_\_\_\_

4. BIRTHDATE: \_\_\_\_\_

5. LAST 4 DIGITS OF SOCIAL SECURITY #: \_\_\_\_\_

6. WHAT IS THE DISABILITY WHICH PREVENTS YOU FROM USING OUR  
FIXED ROUTE SERVICES?

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IS THE CONDITION TEMPORARY? ____ YES ____ NO IF YES, EXPECTED DISABILITY UNTIL: _____
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7. HOW DOES THIS DISABILITY PREVENT YOU FROM USING OUR FIXED  
ROUTE SERVICES? PLEASE EXPLAIN COMPLETELY, USE  
ADDITIONAL PAPER IF NECESSARY.

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8. ARE THERE ANY OTHER EFFECTS OF YOUR DISABILITY WHICH WE  
SHOULD BE MADE AWARE OF?

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## MEDICAL RELEASE FORM

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_

I hereby authorize the Health Care Professional to release to the Lebanon Transit (LT) information about my disability.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Health Care Professional info:

Name of Health Care Professional: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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

200 Willow St. Lebanon, PA 17046

Phone: (717)274-3664 Fax: (717)274-8860 Website: [www.lebanontransit.org](http://www.lebanontransit.org)

## DECLINATION FORM

Name (Please print: Last Name, First, M.I)

IF YOU ARE NOT REGISTERED TO VOTE WHERE YOU LIVE NOW, WOULD YOU LIKE TO APPLY TO REGISTER TO VOTE HERE TODAY?

Yes

No      OR       No, I am already registered to vote where I live now.

IF YOU DECIDE NOT TO CHECK A BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by Lebanon Transit.

If you apply to register to vote, the office at which you submit this registration application form will remain confidential.

No information relating to a preference to register to vote will be used for any purpose other than for voter registration.

If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.

In order to be qualified to register to vote, you must be at least 18 years of age on the day of the next election, you must have been a citizen of the United States for at least one month prior to the next election and have resided in Pennsylvania and the election district where you plan to vote for at least 30 days prior to the next election.

If you believe that someone has interfered with your right to register or your application to register to vote, or your right to choose your own political party preference, you may file a complaint with the Secretary of the Commonwealth, Pennsylvania Department of State, 302 North Office Building, Harrisburg, PA 17120, or call the Department of State, toll-free, at 1-717-VOTESPA (1-877-868-3772).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date