

| Last Name  | First Name                                    | Middle Initial                    |
|--|---|-----------------------------------|
| Address  | <b>_</b>                                      |                                   |
| City   | State   | Zip Code                          |
| Telephone Number   | Date of Birth (dd/mm/y                        | у)                                |
| If 62 or older, please provide only:  Copy of government Issued Pr   |   |                                   |
| If younger than 62 and disabled, p  ☐ Copy of government Issued Pr   |   |                                   |
| PLUS a copy of any ONE of the form Medicare Card  ☐ Disabled ID card from another ☐ Department of Motor Vehicles ☐ Eligibility document for SSI, SSI ☐ Medical Verification of Disabili ☐ Other: | Disability ID Placard or receipt SD, or SSDI. | e box for the document included): |
| Optional: Check all of the boxes that  ☐ I require a Personal Care Assis ☐ I require the use of a service a ☐ I use a mobility device such as ☐ Although I do not use a wheele                   | stant<br>unimal                               | wheelchair lift to board the bus. |
| SIGNATURE:   | DAT   | ΓΕ:                               |
| INTAKE BY (Staff Representative):  |   |                                   |
| Pleas  | e Submit Application to:                      |                                   |

Birmingham Jefferson County Transit Authority 1801 Morris Avenue Birmingham, Alabama 35203 (205) 521-0101