



Will the rider be attending a day program? \_\_\_\_\_ (If yes, which one)

Be aware of the "Absent Caregiver Policy."

**Your signature to this registration form will also acknowledge that you have received a copy of the Franklin County Transportation Reference and User Guide. Your signing also represents that you understand and agree that it is your responsibility to read the user guide and to familiarize yourself and abide by the rules, policies and standards set forth by the public transportation provider, Franklin County Transportation. You further understand this agreement supersedes all prior agreements, understandings, and representation concerning Franklin County Transportation.**

\_\_\_\_\_  
Rider's signature

\_\_\_\_\_  
DATE

**NOTE: The POA or responsible party are only to sign if the rider is unable and supply a brief explanation as to why the rider is unable to sign.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Franklin County Transportation will speak only to the names that appear on this form when receiving calls that ask to discuss or release information regarding the rider. Please place any name/names below that you wish to allow to speak on your behalf.**

\_\_\_\_\_  
NAME

\_\_\_\_\_  
Relationship to you

\_\_\_\_\_  
NAME

\_\_\_\_\_  
Relationship to you

**FRANKLIN COUNTY TRANSPORTATION  
AGE VERIFICATION FOR 60 AND OLDER RIDERS  
(Requirement of the funding source)**

**Rider Information:**

Name: \_\_\_\_\_  
(last name) (first name) (middle name)

Address: \_\_\_\_\_  
(box number) (street address)  
\_\_\_\_\_  
(city) (state) (zip code)

Telephone (717): \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Birth date \_\_\_\_\_ Sponsor: \_\_\_\_\_ / \_\_\_\_\_  
(month, day, year) (age) AAA PAL

**Please make a photo copy of one of the following acceptable forms of ID. Return completed application and your photo copy to the transportation provider.**

Birth Certificate	Baptismal certificate	PACE Card
Armed Forces Discharge papers	VA Universal Access ID Card	Passport
Naturalization Papers	PA Non-driver's license photo ID	SSI Statement
		Driver's License

\_\_\_\_\_  
(rider signature)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(staff signature)

\_\_\_\_\_  
(date)