



DATA SHEET

(For applicants in rural areas of Jefferson, Shelby, and Walker counties)

There is no application process for riders in rural areas; however, we need personal and travel information in order to schedule service. **All information is confidential.**

Please fill out all pertinent parts of this application and return to ClasTran.

Email: certification@clastran.com

Fax: 205-325-8788

U.S. Mail: ClasTran
PO Box 10386
Birmingham, AL 35202-0386

For questions or information:

205-325-8787

1-877-826-7876

certification@clastran.com

Between 8:00 a.m. and 5:00 p.m.

A. PERSONAL INFORMATION

Last Name:

First Name:

Middle Initial:

Home Phone:

Mobile Phone:

Date of Birth:

Email Address:

Street Address:

Number and Street:

City, State, Zip:

Mailing Address, if different:

Number and Street:

City, State, Zip:

In Case of Emergency Notify:

Name:

Phone:

Address:

City:

State:

Zip:

For office Use Only:

- Approved
 Denied
 Incomplete _____

B. MOBILITY INFORMATION

Please check all mobility aids that you use.

- | | |
|--|--|
| <input type="checkbox"/> Cane | <input type="checkbox"/> Electric Wheelchair** |
| <input type="checkbox"/> White Cane | <input type="checkbox"/> Manual Wheelchair |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> Extra Wide Wheelchair** |
| <input type="checkbox"/> Walker | <input type="checkbox"/> Powered Scooter** |
| <input type="checkbox"/> Service Animal* | <input type="checkbox"/> Other (please describe) |

*If you use a service animal, please identify the type of animal and how it assists you.

****NOTE:** In order for ClasTran to provide service, wheelchairs cannot exceed 30" wide, 48" long, and 600 pounds when occupied, in accordance with the Americans with Disabilities Act of 1990, subpart A. ClasTran cannot transport mobility devices that exceed these standards.

C. PERSONAL CARE ATTENDANT

Do you ever have need for someone to assist you when you travel? Yes No

D. CERTIFICATION

I certify that the information I have provided in this application is true and correct. I understand that falsification of information may result in denial of service. I further understand that all information required herein will be considered confidential and will be used only by ClasTran to determine eligibility for transportation services.

I understand that all services are curb-to-curb and that the operators will assist me on and off the vehicle, but not to the door or into a residence or building.

I agree to comply with all guidance and instruction for riders as contained in both the Rider's Guide and Rider's Handbook.

Name: (please print)

Signature:

Date:
