



App Received: _____

Approved: _____

Expiration Date: _____

SENIOR VAN APPLICATION

Please Print

Last Name _____ First _____ Initial _____

Address _____

City, State, Zip: _____

Primary Phone: _____ Secondary Phone: _____

Date of Birth (month / day / year): _____

1. Are you age 60 or older? ☐ Yes ☐ No

2. Do you have a disability? ☐ Yes ☐ No Describe: _____

(If yes, you may be better served by Paratransit Service)

3. Do you use any of the following (check all that apply):

☐ Manual wheelchair

☐ Electric wheelchair

☐ Walker

☐ Power scooter

☐ Crutches

☐ Cane

☐ Service animal

☐ Personal Care Assistant

☐ White Cane

4. Does your mobility device exceed the common standard of 30 inches wide and 48 inches long, or exceed 600 pounds when occupied? ☐ Yes ☐ No

(Note: Larger mobility devices and devices that exceed 600 lbs when occupied may exceed equipment transport capacity.)

Please complete both sides – over

5. Will you require assistance from your door to the vehicle?

- ☐ No
☐ Yes, sometimes
☐ Yes, every time (Premium Service Assistance)

If yes, what type of assistance: _____

In case of emergency, who should we contact?

Name: _____

Phone: _____

Relationship to applicant: _____

Riders Guide

I have received and reviewed the **Rider's Guide** and understand the following:

- Vans are subject to delays caused by traffic, weather, detours, accidents, passenger loads and unforeseen circumstances. Please allow some time for your ride to arrive.
- Both fixed route buses and Senior Van vehicles are equipped with lifts or ramps, and can be used by people with any mobility aid, such as a wheel chair, scooter or walker.
- The Senior Van is a shared ride service meaning you may not be taken directly to your destination until another rider is delivered.
- Operators are not required to leave curbside unless you have scheduled premium service.
- Operators can only wait a five (5) minutes after your scheduled departure time. Other passengers are also expecting timely pick-ups.

Applicant Signature: _____

Date: _____

Please return this completed application to:

Mountain Line Senior Van Services
1221 Shakespeare
Missoula, MT 59802

For Office Use Only

☐ APPROVED ☐ DENIED for
SENIOR VAN SERVICES

1.	_____	Date: _____
2.	_____	Date: _____
3.	_____	Date: _____