



Application for Park City Senior Mobility Service.

Our services are designed for Park City residents aged 65 or older. To apply for our program, please provide the following documentation: an ID as proof of your age and a utility bill as proof of residency within Park City.

Section 1 – General Information About the Applicant

1. General Information

Are you 65 years of age or older? ☐ Yes ☐ No

Applicant's Name: _____

Street Address: _____ Apt / Unit #: _____

State: _____ City: _____ Zip: _____

Home Phone: _____ Cell: _____

Date of Birth: ____ / ____ / ____ Email address: _____

2. Emergency Contact Information

Name: _____

Home Phone: _____ Cell: _____

Relationship To Applicant: _____

Section 2 – Information About the Applicant

1. Do you use any of the following mobility aids or devices?
(Mark all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Cane | <input type="checkbox"/> Powered Scooter |
| <input type="checkbox"/> Portable Oxygen | <input type="checkbox"/> Crutches |
| <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Powered Wheelchair |
| <input type="checkbox"/> Walker | <input type="checkbox"/> Service Animal (Type) _____ |
| <input type="checkbox"/> Other _____ | |

Note: We may not be able to accommodate your wheelchair / scooter if it exceeds 48 inches in length, 30 inches in width, or if the combined weight of the rider and mobility aid is more than 600 pounds. Operators are not permitted to assist riders in connecting or disconnecting oxygen or other breathing aids. Service animals may not occupy a seat and must be under the direct control of the rider at all times.

2. Are you able to climb four 8-inch steps?

- ☐ Yes ☐ No, I must use a wheelchair lift or ramp

3. Do you require the assistance of a Personal Care Attendant (PCA) or someone who must assist you?

- ☐ Yes ☐ No

Please note - Park City Mobility does not provide PCA's and cannot assist you with functions such as taking medication, connecting / disconnecting medical equipment, eating, mobility beyond getting to / from the vehicle, personal hygiene, etc. Park City Mobility staff are not authorized to enter any residence or building in order to provide assistance to you. If you require assistance with these types of activities, we strongly suggest that a PCA accompany you.

Section 3 – Applicant’s Certification

Please read and check the box next to each of the following statements, indicating that you have read and understand them.

- ☐ Park City Mobility is public transportation and I will be sharing rides with others.
- ☐ Park City Mobility does not provide emergency services.
- ☐ Park City Mobility may arrive up to 30 minutes after the scheduled pickup time and be considered on time. I will be ready and waiting for my ride at the scheduled pickup time.
- ☐ Park City Mobility will only wait 5 minutes for me to board once the vehicle has arrived to pick me up.
- ☐ I have received a copy of Park City Mobility’s ADA Policy & Complementary Paratransit Plan and I understand that it is my responsibility to read, understand and comply with these policies at all times.

I certify that all information contained in this application is true and accurate. I understand that misinformation or misrepresentation of facts will be cause for disqualification or rejection of my ADA eligibility.

Applicant’s Signature: _____ Date: _____