



## Consumer Registration Form

### Consumer Information

Salutation	
First Name	
Middle Name	
Last Name	
Date of Birth	
Date Registered	
SSN	
Medicare #	
Gender	
Phone Number	( ) -
Consumer Type	Registered / Eligible / Ineligible
Is Volunteer	Yes / No
Email Address	
Is Member	Yes / No
Notes	

### Emergency Contact

Name	
Phone	( ) -
Relation	

### Residential Address

Address Line 1	
Address Line 2	
City	
State	
ZIP	
County	
Municipality	

### NAPIS

In Poverty	
Lives Alone	Yes / No
Ethnicity	__ Hispanic __ Not Hispanic __ Don't Know
Ethnic Race	__ American Indian/Native Alaskan __ Black/African American __ Native Hawaiian/Other Pacific Islander __ Non-Minority (White, Non-Hispanic) __ Asian __ White-Hispanic __ Other
Marital Status	
Nutrition Score	
Nutrition At Risk	Yes / No

### Other

Health Info	
Medications	
General Info	
Membership ID#	
Doctor Contact	
Additional Emergency Contacts	
Receive AAA Newsletter by Mail?	Yes / No



**Pennsylvania**

DEPARTMENT OF TRANSPORTATION  
www.dot.state.pa.us

**APPLICATION  
SENIOR CITIZEN TRANSIT  
IDENTIFICATION CARD  
FREE/REDUCED FARE  
TRANSIT PROGRAMS FOR SENIOR CITIZENS**

\_\_\_\_\_  
CARD NUMBER

NAME OF APPLICANT (Last, First, Middle Initial)			DATE OF APPLICATION	
ADDRESS (Street or Route)		(City or Post Office)	(State)	(Zip Code)
HOME TELEPHONE NUMBER AREACODE _____	DATE OF BIRTH	AGE	<input type="checkbox"/> MALE      SIGN HERE <input type="checkbox"/> FEMALE X _____	

**PLEASE INCLUDE COPY OF PROOF OF DOCUMENTATION**

ACCEPTABLE PROOF OF AGE DOCUMENTS (ONE REQUIRED, CHECK AND INCLUDE APPLICABLE INFORMATION)

- ARMED FORCES DISCHARGE/SEPARATION PAPERS – SEPARATION DATE \_\_\_\_\_
- BAPTISMAL CERTIFICATE-CHURCH'S NAME & ADDRESS \_\_\_\_\_
- BIRTH CERTIFICATE-NUMBER \_\_\_\_\_
- PASSPORT/NATURALIZATION PAPERS – NUMBER \_\_\_\_\_
- PENNSYLVANIA IDENTIFICATION CARD - NUMBER \_\_\_\_\_
- RESIDENT ALIEN CARD – NUMBER \_\_\_\_\_
- PACE IDENTIFICATION CARD – NUMBER \_\_\_\_\_
- PHOTO MOTOR VEHICLE OPERATOR'S LICENSE – NUMBER \_\_\_\_\_
- STATEMENT OF AGE FROM UNITED STATES SOCIAL SECURITY ADMINISTRATION  
(ATTACH COPY TO THIS APPLICATION)

**PLEASE NOTE THAT ONLY THE ABOVE FORMS OF AGE DOCUMENTATION ARE ACCEPTABLE FOR THESE PROGRAMS**

I DO HEREBY CERTIFY THAT I HAVE REVIEWED THE ABOVE AGE DOCUMENTATION AND THE INFORMATION CONTAINED HEREIN IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

\_\_\_\_\_  
SIGNATURE OF TRANSIT AGENCY REPRESENTATIVE CERTIFYING AGE DOCUMENTATION -DATE

\_\_\_\_\_  
PRINTED NAME OF ABOVE TRANSIT AGENCY REPRESENTATIVE

\_\_\_\_\_  
NAME OF TRANSIT AGENCY (Include Street or Route, City or Post Office, State, Zip Code)

Mail to Red Rose Transit Authority  
45 Erick Road  
Lancaster, PA 17601