

Apache Junction Ride Choice (AJRC) APPLICATION

PLEASE PRINT CLEARLY

I am the person requesting enrollment for reimbursement in East Valley Senior Services **AJRC** program as indicated below. (Note: contact **AJRC** if you need a Husband/ Wife application). I understand that the information I am providing will be treated confidentially and will be used to determine initial and continuing eligibility for **AJRC**. All information is permanently retained in my file.

1) Full name _____ client's home phone _____

2) Birth date _____ age last birthday _____ male _____ female _____

If you are disabled and between 18 through 59 you will additionally be qualified with a disability certification through the AJRC office.

Office staff only>verified by: _____ **Date Faxed** _____ **Approval date** _____

3) Please attach a photo copy of your current Arizona driver's license or Arizona identification card showing your current street address.

4) Residence address _____ apt # _____ AJ Zip: _____

Note: (We cannot accept P.O. boxes. Our checks cannot be forwarded to P.O. boxes)

Are you year-round? _____ or a winter resident- how long? _____

Live alone or live with: name _____ relationship to me: _____

5) **Please circle one-** Married Divorced Widowed Separated Single

6) Emergency contact: **Closest relative or local contact person not living with me:**

Name: _____ Relationship _____

Address: _____

City/State/Zip _____

Daytime phone () _____ Extension/s _____

7) Primary Doctor or Clinic _____ Phone () _____

(OVER)

8) **HOW** do you **NOW** shop for groceries, travel to medical appointments, visit Apache Junction Senior Center, or visit friends? _____

9) Do you have a disability that affects your transportation or requires a vehicle with a lift for wheelchairs/scooters/walkers? If yes please explain: _____

Is the disability temporary or permanent? _____

10) Do you **NOW** own a motor vehicle? Yes__ No__ Car is located at:_____

11) Do you **NOW** drive? Yes__ No__ Current/valid Arizona driver's license? Yes _____

If you cannot drive, why?_____

12) My volunteer driver is (if more than one, attach a separate sheet of paper):

Name _____ Phone # (____) _____

Address _____ City _____

Your relationship to the driver: _____

Are you comfortable completing mileage logs for the reimbursement program? _____

And/or, does your driver agree to assist you with the logs? _____

14) Applied for **AJRC** before? Yes_____ No_____ Comment _____

Please examine your application for complete and accurate information
Call Apache Junction Ride Choice Office If You Have Any Questions
(480) 474-5260

The above information is true and accurate to the best of my knowledge. I authorize representatives of the East Valley Senior Services, Inc. **AJRC** staff to contact the persons whom I have listed in this application, or to make other inquiries as necessary, to verify the information that I have provided in order to determine my eligibility for **AJRC**.

DO NOT SEND ANY TYPE OF MONEY FOR COUPONS WITH THIS APPLICATION.
PLEASE WAIT FOR AN ORDER FORM TO BE INCLUDED IN AN APPROVAL PACKAGE

Applicant signature _____ Date _____

Did someone assist you with this application? Yes__ No__ Relationship to you _____

Name _____ Phone # (____) _____

Submit/mail this application to: Apache Junction Ride Choice
Apache Junction Active Adult Center, 1035 N Idaho Rd, Apache Junction AZ 85119
www.evadultresources.org