



South East Area Transit

Elderly and Disabled Transportation Application

Mail completed application to: 224 Main Street, Zanesville, OH 43701

Section 1 (required by all)

Name: _____ Date Of Birth: _____
Address: _____ City: _____
State: _____ Zip: _____ Phone Number: _____

- 1. Do you use any mobility devices? (Circle all that apply)
Cane Crutches Walker Scooter Manual Wheelchair Powered Wheelchair
- 2. Are you able to safely climb multiple steps? No _____ Yes _____
- 3. Are you 65 years of age or older? No _____ Yes _____

If you are over 65 years of age, do NOT complete section 2. Please go to section 3 and attach a copy of an ID, birth certificate or document certifying age.

If you are not 65 years of age, read and complete section 2 and section 3. Proper document of disability must be presented before approval can be processed.

Section 2

If you are under 65 years of age, you MUST provide a copy of either a Medicare card, a SSI document that certifies your disabled or a licenses medical professional must complete the below section.

Nature of disability: Physical _____ Psychological _____ Developmental _____ Vision _____ Hearing Impaired _____
Disability category: (See attached form): _____
Brief explanation: _____

Is this condition temporary? No _____ Yes _____ If yes, anticipated duration: _____
Disability significantly affects applicant's ability to perform the following functions: _____

I certify that based upon my skill, knowledge and experience the above named applicant is eligible to participate in SEAT's E/D program. Ohio law prohibits the making of a false statement when the statement is made with the purpose of misleading a public official or to secure payment of benefits paid out of a public treasure. Section 2921.13 O.R.C

Certified By:
Name: _____ Ohio Lic. No. _____
Title: _____ Agency: _____
Address: _____ City: _____ Zip: _____

Section 3 (required by all)

I certify this application has been completed and filled out to the best of my knowledge. Knowingly falsifying information to receive elderly and disabled transportation may result in status change of my eligibility.

Signature: _____ Date: _____

For Office Use Only:

Approved by: _____ Date: _____ Verification Form (circle one): Over 65 Medicare card SSI Certified