

Mobility and Disability Information

1. Will you be traveling with an assistant or escort? Yes No (If yes, the assistant or escort must complete a separate membership application form.)
2. Do you use a wheelchair or other mobility device? Yes No (If no, skip items 3–5)
3. Are you able to transfer on your own from the device to a vehicle or chair? Yes No
If no, please explain: _____

4. Is the mobility device: Motorized? Yes No Manual? Yes No
5. Is a ramp in place at your home on which you may safely wheel from your house to the Transportation vehicle? Yes No

Directions (attach map, if available.) _____

Client Consent for Appointment Verification Contact

I give my permission to be contacted via phone by an automated interactive voice response system to confirm the scheduling of Transportation trips.

Preferred contact number Home phone Cell

Client Signature #2

Wayne County Staff Signature

Client Consent for Release of Information

I give my permission to a representative of the Wayne County Area Agency on Aging to contact appropriate Medical Facility(ies), Medical Personnel, and/or Social Service Agencies or other Community Service Agencies, concerning my need for Medical Services and other appointments and my need for Transportation thereof.

Client Signature #3

MA#/Exp. Date (if MATP)

Today's date

Witnessed (Signature)

For Office Use Only

PREFERENCE FORM

Name (Please print: Last Name, First, M.I)

IF YOU ARE NOT REGISTERED TO VOTE WHERE YOU LIVE NOW, WOULD YOU LIKE TO APPLY TO REGISTER TO VOTE HERE TODAY?

Yes

No OR No, I am already registered to vote where I live now.

IF YOU DECIDE NOT TO CHECK A BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

If you apply to register to vote, the office at which you submit this registration application form will remain confidential.

No information relating to a preference to register to vote will be used for any purpose other than for voter registration.

If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.

In order to be qualified to register to vote, you must be at least 18 years of age on the day of the next election, you must have been a citizen of the United States for at least one month prior to the next election and have resided in Pennsylvania and the election district where you plan to vote for at least 30 days prior to the next election.

If you believe that someone has interfered with your right to register or your application to register to vote, or your right to choose your own political party preference, you may file a complaint with the Secretary of the Commonwealth, Pennsylvania Department of State, 302 North Office Building, Harrisburg, PA 17120, or call the Department of State, toll-free, at 1-800-552-VOTE (8683).

Signature

Date

▼ PENNSYLVANIA VOTER REGISTRATION APPLICATION ▼

1	Are you a citizen of the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No } If you checked "No" in response to either of these questions, do not complete this form. Will you be 18 years of age on or before election day? <input type="checkbox"/> Yes <input type="checkbox"/> No }									
2	<input type="checkbox"/> New Registration <input type="checkbox"/> Change of Name <input type="checkbox"/> Change of Address <input type="checkbox"/> Change of Party <input type="checkbox"/> I am a Federal or State employee and wish to retain my voting residence in the county where I last resided.									
3	Last Name <input type="checkbox"/> M <input type="checkbox"/> F		First Name		Middle Name/Initial Jr Sr II III IV (circle if applicable)					
3	Place PA Driver's License (DL) # here if you have one:		If no PA DL #, Place SS# (last 4 digits) here:		<input type="checkbox"/> I DO NOT have a PA Driver's License or Social Security Number.					
4	Address of residence, include street and city (Use map above if no street number or name) (If only P.O. box, see above)									
4	Municipality where you live		County where you live		Mailing Address (if different than address of residence)		State PA		Zip Code 4 b ()	
4	Date of Birth 7 / /		Race (Optional) 8 a		Name on previous registration		Address of previous registration (include street and city)		Year of previous registration	
9	In which party do you wish to register? You must register with a party if you want to take part in that party's primary. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> No affiliation <input type="checkbox"/> Other									
10	Name and signature of person who assisted in the completion of this application Address									
11	I HEREBY DECLARE THAT: (1) On the day of the next election I will have been a United States citizen for at least one month. I will be at least 18 years of age , and I will have resided in Pennsylvania and in my election district for at least 30 days ; (2) I am legally qualified to vote.									
AND I HEREBY AFFIRM THAT the information I have provided in this registration declaration is true. I understand that this registration declaration will be accepted for all purposes as the equivalent of an affidavit; and if the registration contains a materially false statement, I will be subject to penalties for perjury.										
12	Voter Identification Number (If available - not necessary if you are registering to vote for the first time or if you do not know your number.)									
13	Do you require assistance when voting? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for assistance:									

Place signature with full name (or mark) below.
 (Please see Penalty for Falsifying Declaration.)

X

Print Your Name Below Date: / /