



Application for 5310 Elderly or Disabled Transportation

Applicant Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Telephone: _____ Signature _____

Are you qualified for Idaho or Washington Medicaid? YES NO

Eligibility Information

*This application is being requested to qualify for transportation that is funded by FTA 5310 dollars. According to ADA guidelines, to be eligible for funding, riders must be either 65 or more years of age or disabled. Riders must **NOT** be eligible for Medicaid transportation.*

How do you qualify? (Please mark one)

65 years or older Birth date: _____ [Verified by: _____]
If no COAST driver can verify your date of birth, please copy your document and send with application.

Disabled *Physical (Disability is visually apparent)* [Verified by: _____]

Disabled *Other (Disability is not apparent, health care professional's signature is required. See box below)*

The person named in this application, above, has a physical or mental impairment that substantially limits one or more major life activities, has a record of such, or may be regarded as having such an impairment.

Name _____ Position _____

Signature _____ Date _____

