

Rogue Valley Connector Program Application

The Rogue Valley Connector (RVC) is a transportation link for older adults (60 and older) and *people with disabilities of Jackson County and can serve as a vital connection between rural and urban areas. RVC operates as a shared ride curb-to-curb service intended to effectively maximize limited transportation resources and funding while offering flexible transportation options to program users. RVC is managed under the Rogue Valley Transportation District (RVTD) and operated by Paratransit Services Inc.

Personal Information

Name: _____ DOB: _____

Home Address: _____

City: _____ Zip Code: _____

Mailing Address: _____

City: _____ Zip Code: _____

Phone Primary: _____ Phone Secondary: _____

Email Address: _____

Emergency Contact

Name: _____ Relationship: _____

Phone Primary: _____ Phone Secondary: _____

Are you currently a veteran of the US Armed Forces? YES NO

Do you currently have a disability? YES NO

- If YES, is your disability: Temporary Permanent
- If temporary, how long: _____ weeks | months (circle one)

If Temporary, please explain: _____

Which option below best describes your disability (select all that apply):

Visual Impairment _____ Cognitive Impairment _____ Mobility _____

Cardiovascular/Respiratory _____ Other: _____

Is your ability to travel severely affected by terrain or weather? YES NO

- If YES, please explain: _____

Do you travel with a service animal (a service animal is a dog individually trained to perform work or perform tasks for people with disabilities): YES NO

Do you travel with a Personnel Care Attendant (PCA) (a PCA is someone that travels with and assists you in daily tasks): YES NO

Mobility Information

Are you able to perform the following tasks:

Communicate information about yourself? YES NO

Understand and follow verbal directions? YES NO

Climb at least three regular steps? YES NO

Board a vehicle using a lift or ramp? YES NO

Maintain your balance while entering/exiting a vehicle? YES NO

Please explain any of your "no" selections: _____

Do you currently use any of the following mobility devices when traveling (check all that apply):

Manual Wheelchair _____ Walker _____ Cane _____ Scooter _____

Electric Wheelchair _____ Crutches _____ White Cane _____ Walker _____

Other: _____

If traveling by wheelchair or scooter, are you able to transfer to a non-lift equip vehicle (from your wheelchair to the seat of a car): **YES** **NO**

Remainder of page left blank intentionally

Application continued on next page

I certify that the information given within this application is true and correct. I understand that falsifying any information my result in a denial of service for this program. I understand that all information will be kept confidential and only shared when necessary to provide me with transportation services.

Applicant Signature: _____ Date: _____

Person completing application other than applicant (please select one)

_____ I certify that the information provided in this application is true and correct based on the information given to me by the applicant

_____ I certify that the information provided in this application is true and correct based on my personal knowledge of the applicants health, disability or condition.

Signature: _____ Date: _____

Name (print): _____

Contact Phone Number: _____

Address: _____

City, State, Zip Code: _____

Relationship to Applicant: _____

* "Disabled," also "People with Disabilities" or "Individual with Disabilities" means a person or persons who, by reason of illness, injury, advanced age, congenital malfunction, or other permanent or temporary incapacity, have a physical or mental impairment that substantially limits one or more of their major life activities. This definition does not include substance abuse disorders resulting from the current illegal use of drugs.