

CTSA Application

Date _____ Male / Female

Name _____

Address _____

Phone _____ Zip _____

SS# _____ Birthdate _____

Medi-Cal # _____

Emergency Contact _____

Phone _____ Relationship _____

Can participant be left alone in home? Yes No

Who will be home waiting? _____

Doctor _____

Address _____

Phone _____ Zip _____

Mobility Aids used: Manual Wheelchair

Electric Wheelchair Powered Scooter

Service Animal Cane Walker

Are you visually impaired? Yes No

Do you require a caregiver or companion when you ride? Yes No

Do you live alone? Yes No

If under 60 years of age please complete the following:

What is the disability which prevents you from using the fixed route service? _____

Is this condition temporary? Yes No

If yes, until when? _____

How does this disability prevent you from using the fixed route service? _____

Please attach a note signed by your doctor or agency representative confirming your disability.

Please send completed application to:

**CTSA office
222 Minner St.
Bakersfield, Ca 93308**

Be sure to enclose a note signed by your doctor or agency representative confirming your disability if under age 60.