



Easy Travel Access Application

Office use only
Rides-on-Demand: _____
Apricot ☐ ID# _____
MJM ☐ ID# _____

ARE YOU APPLYING FOR: *(please check one)* ☐ TAXI VOUCHER or ☐ RIDES-ON-DEMAND

First Name: _____ Middle Name: _____ Last Name: _____

Preferred Name (or known as): _____ Date of Birth: ____/____/____

Street Address: _____ Email Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Please check if applicable:

- | | | |
|------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Age 18 or older with a disability | <input type="checkbox"/> Ambulatory (able to walk) | <input type="checkbox"/> Need assistance getting from my door |
| <input type="checkbox"/> Age 55 or older | <input type="checkbox"/> Non-ambulatory (unable to walk) | to the vehicle |

Race: (Check all that apply)

- ☐ American Indian/Alaskan Native
- ☐ Asian or Asian American
- ☐ Black or African American
- ☐ Native Hawaiian/Pacific Islander
- ☐ White

Ethnicity: (Check one)

- ☐ Hispanic/Latino
- ☐ Non-Hispanic/Latino

Gender: (Check one)

- ☐ Female
- ☐ Male
- ☐ Other

Living Arrangement:

- ☐ Live Alone
- ☐ Live with others

How many people live in
your household? _____

Income: (Check appropriate box)

Single, income at or below \$1,255/month

☐ Yes ☐ No

Live with spouse, income at or below \$1,703/month

☐ Yes ☐ No

Marital Status:

- | | | |
|------------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Married | <input type="checkbox"/> Single | <input type="checkbox"/> Divorced |
| <input type="checkbox"/> Separated | <input type="checkbox"/> Widowed | |