

My Ride Application

Important Note: Submission of this application gives consent for your information to be entered into the Department for the Aging's STARS client database. Incomplete applications will not be considered.

Have you participated in a previous cohort of DFTA My Ride? Yes No

Required Identification Information (Please print clearly)

_____	_____
Last Name	First Name
_____	_____
Mobile Phone Number	Alternate Number <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
_____	_____
E-mail	Date of Birth

Where You Live

_____	_____
Street Address	Unit
_____	_____
City or Neighborhood	Zip Code

Borough (Choose one) Bronx Queens Brooklyn

Where You Receive Mail Same as Above

_____	_____	
Street Address or P.O. Box	Unit	
_____	_____	
City	State	Zip Code

In care of: _____

_____	_____
First Name	Last Name

Demographics

Gender

Female Male Other: _____

Race

American Indian/Alaskan Native Asian
 Black/African American Native Hawaiian/Other Pacific Islander
 White/Caucasian Refuse to Answer
 2 or More Races Other: _____

Ethnicity

Hispanic/Latino Not Hispanic or Latino

Primary Language

English Bengali Chinese French
 Creole Greek Italian Korean
 Polish Russian Spanish Tagalog
 American Sign Language (ASL) Other: _____

Are you able to read and understand English written material?

Yes No Other: _____

Would you be able to attend an English spoken presentation?

Yes No Other: _____

Travel

How have you been traveling within the last year? (Check all that apply)

- Bus (MTA) Subway (MTA) Driving (Self)
- Car Service/Taxi Access-A-Ride Commuter Railroad
- Ambulette Walking Driven by Family or Friends
- TLC Accessible Dispatch Other: _____

Do you use any of the following assistive devices, or a service animal, when traveling outside your home? (Check all that apply)

- None Service Animal
- Wheelchair (Manual) Wheelchair (Motorized)
- Crutches Support Cane
- Walker Braces
- Prosthesis Scooter
- Respirator Oxygen Tank
- Other: _____

Do you currently travel with a Personal Care Attendant (PCA) or friend/family member for assistance?

- Yes No

Do you currently travel with Children/Grandchildren younger than 21 years of age?

- Yes No If yes, how many? _____

Disability

Do you have a disability?

- Yes, Temporary Yes, Permanent No

If yes, choose all that apply and indicate the specific disability:

- Vision: _____
- Intellectual/Developmental: _____
- Learning: _____
- Hearing: _____
- Mobility: _____
- Mental Health: _____

Documentation of Eligibility

If selected, proof of age, address, and disability documentation (if applicable) must be submitted at onboarding to complete the enrollment process. A detailed list of acceptable documentation can be found in the application instructions.