

Valley Metro®

RideChoice® Application

Alternative Transportation for Seniors and People with Disabilities

Only fill out this application if you are a senior aged 65 or above, are not ADA paratransit certified and live in either Chandler, Fountain Hills, Surprise or Tempe.

Personal Contact Information:

Mr. Mrs. Ms. Miss

Birth Date (MM/DD/YYYY): _____

First Name: _____ M.I.: _____ Last Name: _____

Home Address (no PO Boxes): _____ Unit/Apt. #: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Mailing Address (if different from Home Address): _____

Unit/Apt. #: _____ City: _____ State: _____ Zip: _____

Emergency Contact Name: _____

Phone Number: _____ Relationship to Applicant: _____

Do you use any of the following mobility aids? (Please check all that apply):

Walker

Scooter

Service Animal

Cane

White Cane

I do not use any

Manual Wheelchair

Oxygen tank

Other (please specify)

Power Wheelchair

Crutches

Questionnaire (please answer the following questions):

1. Do you live in either Avondale, Chandler, Fountain Hills, Gilbert, Goodyear, Mesa, Scottsdale, Surprise, Tempe, Tolleson or an unincorporated area of Maricopa County?

Yes – Proceed to next

No – STOP. Your community does not participate in the RideChoice program and you are not eligible.

2. Are you currently ADA Paratransit Certified with Valley Metro?

Yes – STOP. You do not have to complete this application. Call 602.716.2100 and select the RideChoice option.

No – Proceed

3. Are you age 65 or above and live in either Chandler, Fountain Hills, Surprise, or Tempe?

Yes – Proceed

No – STOP. You are not eligible for RideChoice at this time



Proof of Eligibility Documents Enclosed:

Please enclose a copy of one of the following proofs of age:

Driver's License
State I.D
Birth Certificate
Passport

Please enclose a copy of one of the following address verification documents:

Current AZ Driver's License
Current AZ State ID
Current Utility Bill
Current Rental Agreement

Last Steps:

I state to the best of my knowledge that the above information is true and accurate.

Applicant's Signature: _____ Date: _____

Signature of anyone who assisted you or filled out the application for you:

Signature: _____ Date: _____

Relationship to Applicant: _____

Make sure all documents are included, then please sign and mail or deliver to:

Valley Metro RideChoice
4600 E. Washington St.
Suite 101, Phoenix, AZ 85034

When your eligibility has been determined, you will receive a brochure with instructions on how to use the service in your welcome packet. Please allow 14 business days for the receipt of your welcome package.



valleymetro.org
602.253.5000
AZ Relay 711

