

East Valley

RideChoice

Application

INSTRUCTIONS

Personal identification needed:

To avoid any delays in your application process, please remember to include the following documents with your application.

• Verification of address:

- 1) Copy of driver's license, state I.D. showing current address/age

OR

- 2) Utility bill

OR

- 3) Rental agreement

• Verification of birthdate IF 65 YEARS OR OLDER

• Verification of disability IF AGE 18 TO 64 (only the following documents will be accepted)

- 1) Copy of your **ADA** certification letter

OR

- 2) A copy of your Medicare card
PART A AND PART B
(This must be the card issued to you by the government, not the SSI card or insurance card)

OR

- 3) A copy of your **Reduced Fare ID card** for the city bus

Checklist before you submit the application:

- Attach a copy of your current driver's license, state identification card or other document verifying your age.
- Reread the application carefully to make sure it is complete and accurate. (Incomplete applications will be returned to sender)
- Contact Valley Metro at 602-716-2100 Option 3 if you have any questions or problems completing the application.

Sign the application and mail or deliver to:

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

Please do not send money or any type of payment with this application.

When your eligibility has been determined, you will receive instructions and a new card in your welcome packet from MJM Innovations, who manages this program on behalf of Valley Metro.

valleymetro.org
602.253.5000
TTY 602.251.2039



East Valley RideChoice Application

Applicant Information - Please Print Clearly

Mr. Mrs. Ms. Miss

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

Address: _____ Unit/ Apt.#: _____
(Physical address is required; no Post Office Box)

City: _____ State: _____ Zip: _____

Apartment Complex or Care Facility: _____

Home Phone: _____ Cell Phone: _____ Email Address: _____

Birth Date: _____ / _____ / _____ Gender: Male Female
Mo. Day Yr

How did you hear about RideChoice? _____

Applying for: **RideChoice Fare Card**

1. Do you have a disability? Yes No
(Proof of disability is required for anyone under the age of 65.)
If yes, proof of disability can be provided with any of the following: (Check all that apply; if checked, **please attach a copy.**)
 Current Valley Metro Reduced Fare ID
 Valley Metro ADA Certification
 Medicare Card
2. Do you use any of the following mobility aids?
(Please check all that apply.)
 Walker
 Wheelchair
 Other
3. Are you a Disabled Veteran? Yes No
4. Do you currently use East Valley Dial-a-Ride? Yes No

I state to the best of my knowledge, the above information is true and accurate. (Application cannot be processed without your signature)

Applicant's Signature: _____

Date: _____

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

Relationship: _____