

Office use only
PATH NO _____
Exp. Date _____

Port Authority Trans-Hudson Corporation
1 PATH PLAZA, 10TH FL.
JERSEY CITY, NJ 07306
(800) 234-7284

ADA PARATRANSIT WHEEL-CHAIR ELIGIBILITY
CERTIFICATION APPLICATION

This certification form will be used to determine your eligibility for Port Authority Trans-Hudson Corporation (PATH) para-transit wheel-chair transportation services (hereinafter referred to as “para-transit services”). Para-transit Services is a station-to-station transportation service for individuals with disabilities who utilize wheelchairs and are therefore prevented from using PATH’s Grove Street Station, Jersey City, NJ.

You must complete the entire form. Answer every question. Incomplete forms will be returned. A physician must verify your disability, prognosis and date of occurrence.

Verification can be obtained directly from your physician or from an agency that has record of the physician statement on file. This information must be submitted with the application and on the enclosed form. The information you provide is confidential. It will only be shared with persons involved with PATH’s eligibility determination process, and will not be provided to any other person or agency, except as provided by the New York Freedom of Information Law and New Jersey’s Open Public Records Act.

PART I – General Information to be completed by applicant (please print or type)

Last Name	First Name	Mid. Initial	Gender
Social Security #		Date of Birth	
Street Address	Building/Apt. No	Apartment Name	
City or Town	State	Zip	
Home Phone	Work Phone	Cellular Phone	

If you have a pare-transit I.D. Card from another agency, please provide agency's name and I.D. number _____.

In case of emergency notify:

Name	Relationship	Home phone	Work Phone
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Address	City	State	Zip
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PART II – Information on disability

Is your disability permanent? _____

If not, expected duration of your disability ___/___/___ (Note: Extension of a temporary disability requires a new application to be submitted.)

Physician's Name _____ Office Phone _____

Address	City	State	Zip
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PART III – Changes to my existing application (Check all that apply)

_____ Name Change

_____ Address Change

_____ Phone Number(s) Change

_____ Email Address Change

- Make changes to applicable information only.
- Read and sign the Affirmation in Part V. Notarization is NOT required.
- Mail completed form to address in PART IV.

PART IV – Mailing address:

Port Authority Trans-Hudson Corporation
Attention: Operations Support Division
One PATH Plaza, 10th Floor
Jersey City, NJ 07306

PART V – Affirmation

I verify that all statements are true and correct to the best of my knowledge. I understand that supplying false information can disqualify my application and/or subsequent registration. I authorize PATH to obtain verification of any information given in this application and to obtain essential medical information necessary for determination of para-transit eligibility. I also agree to submit myself for an in-person evaluation by PATH and/or its acting agency for determination of para-transit eligibility.

Applicant's Signature _____ Date _____

If completed by someone other than applicant:

Name _____ Relationship _____ Date _____

Signature _____ Date _____

Notary Public:

State of _____

County of _____

On this ____ day of _____, 20____,

Before me personally appeared

to me known and known to be the same person (or legal guardian of the person) who is described in and who executed the foregoing instrument, and he/she has duly acknowledged to me that he/she has executed the same.

Notary Seal