

SENIOR PROGRAM REGISTRATION

Must be a resident of one of the McKinney Urban Transit District (MUTD) service-area cities who are 65 years or older
(Please print clearly)

First name	Middle initial	Last name	
Primary phone number		Secondary phone number	
Email address			
Address			Apt #
City		State	ZIP Code
Date of birth (MM/DD/YYYY) / /	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Preferred method of communication <input type="checkbox"/> Mail <input type="checkbox"/> Email	
Emergency contact			
First name			Phone number
Last name			Relationship

Attach your proof of residency:
To be eligible for this program, you must be a resident of **one** of the following: McKinney, Lowry Crossing, Princeton, Melissa, Celina or Prosper. **Proof of residency is required to register.** Potential documents include:

- State-issued photo ID
- Recent utility bill (water, electric, telephone, etc.) with address
- Rental agreement or letter of residency, along with a picture ID

Attach your qualifying document:
To be eligible as a Senior Citizen (65 or above), you must attach **one** of the following documents:

- Driver license
- Birth certificate
- Passport (showing date of birth)
- Texas Department of Public Safety photo ID

I understand that the information provided will be used to determine my eligibility for the Collin County Transit services to be provided by DART LGC on behalf of my city. (For assistance with this form or to determine eligibility, call 214-749-2844 or email CollinCountyTransit@DART.org.)

information in determining my eligibility. I agree to receive communication from DART LGC by phone call or email about Collin County Transit service eligibility. (We respect your privacy. View DART's Privacy Policy at DART.org/about/privacypolicy.asp.)

I confirm that the information on this application is true and accurate to the best of my knowledge. I authorize a representative of DART LGC to contact the persons and authorities listed in this application to verify the

I accept the Terms and Conditions and verify that I am over 18.

Signature: _____ Today's date: _____

PLEASE FILL OUT ADDITIONAL INFORMATION ON THE REVERSE SIDE →
The additional information section will not affect eligibility for services.

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ADDITIONAL INFORMATION

The remaining questions are for **informational purposes only** and do not affect eligibility for services.

<p>Ethnicity:</p> <p><input type="radio"/> Black or African American</p> <p><input type="radio"/> Asian</p> <p><input type="radio"/> White</p> <p><input type="radio"/> Hispanic or Latino</p> <p><input type="radio"/> American Indian or Alaska Native</p> <p><input type="radio"/> Native Hawaiian or Pacific Islander</p> <p><input type="radio"/> Other (please specify):</p> <p>_____</p> <p>_____</p>	<p>How do you plan to use this service? (Check all that apply)</p> <p><input type="radio"/> Shopping</p> <p><input type="radio"/> Medical</p> <p><input type="radio"/> Social</p> <p><input type="radio"/> Connect to DART</p> <p><input type="radio"/> Work</p> <p><input type="radio"/> Other (please specify):</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Do you use a mobility aid?</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> Sometimes</p> <p>If yes/sometimes, please specify which type of mobility aid is used:</p> <p><input type="radio"/> Walker</p> <p><input type="radio"/> Wheelchair</p> <p><input type="radio"/> Scooter</p> <p><input type="radio"/> Other (please specify):</p> <p>_____</p>
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How do you travel now?



FOR MORE INFORMATION, PLEASE CALL COLLIN COUNTY TRANSIT CUSTOMER CARE AT 214-749-2844.

Mail this form with the documentation to:

MUTD - Seniors Registration
 Attn: Service Planning
 Collin County Transit
 PO Box 660163
 Dallas, TX 75266-7248