



AnchorRIDES Visitor Enrollment Form

Please complete and return to receive ADA reciprocal paratransit eligibility

For Official Use Only:	Date Rec'd	ID #	
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Last Name	First Name	Birthdate
Home Phone	Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other	E-mail Address

Street Address:

Street Address	Apt./Unit No
City	State Zip Code

Paratransit Agency in your home community

Name of Agency	Phone (area code) xxx-xxxx
City	State

Accessibility:

Eligibility Status: Full
 Temporary
 Conditional

Do you need a Personal Care Attendant (PCA)? Always
 Sometimes
 Never

Special Communication needs: TTD/TTY CD/DVD
 Braille Cassette Tape
 Large Print Other (Specify): _____

Do you use any of the following mobility aids? Cane Manual wheelchair Power Wheelchair
 White Cane Portable Oxygen Other (list)
 Walker Power Scooter

If a mobility device is used, does it meet the following qualifications: Not greater than 30" wide x 48" long (when measured 2" above platform base) AND does not exceed 600 pounds when occupied. Yes No

If over 500 pounds, what is the total combined weight of you and your mobility device? _____

Can you climb three steps? Yes No

Do you need assistance from the building to the vehicle by the driver? Yes No

(AnchorRIDES Drivers do enter buildings; do not carry packages, people or mobility devices; and must be able to see the vehicle at all times.)

Local (Anchorage) address where you will be staying

Host Name or Hotel Name

Phone (area code) xxx-xxxx

Street Address

Apt. #

City

State

What date will you be arriving?

AM
 PM

Date

Sun/Mon/Tue/Wed/Thu/Fri/Sat

Time

Do you need AnchorRIDES for your arrival? * Yes No

Airline

Flight #

* Please refer to our ADA Rider Guide for hours and areas of operation. There is limited service to/from the airport.

What date will you be departing?

AM
 PM

Date

Sun/Mon/Tue/Wed/Thu/Fri/Sat

Time

Do you need AnchorRIDES for your departure? * Yes No

Airline

Flight #

* Please refer to our ADA Rider Guide for hours and areas of operation. There is limited service to/from the airport.

Emergency Contacts:

Name

Relationship

Phone #1 Home Cell Work Other

Phone #2 Home Cell Work Other

Consent for Services:

I certify that to the best of my knowledge, the information on this application is true and correct and consent to services provided by AnchorRIDES.

Rider/Client Signature

Legal Guardian Signature

Date

Date

Return Application:

Return completed application to:

Mail: AnchorRIDES
Municipality of Anchorage
700 W. 6th Avenue, #109
Anchorage, Alaska 99501

Fax: (907) 343-4042
E-mail: wwtd@muni.org
Website: www.peoplemover.org
Phone: (907) 343-7433