



300 S Pennsylvania Ave.
Wilkes-Barre, PA 18701

(570)288-8420

LCTA.us.com

Robert J. Fiume, Executive Director

Dear Participant,

Enclosed is the Senior Citizen Transit Application which must be completed and signed to establish your eligibility for the Rural Transit Program (Van Service).

Participants 65 years of age or older can qualify for reduced fair trips by providing a copy of one of the proofs of age documents listed on the application.

Participants 65 years of age and younger are NOT required to provide proof of age.

When this office has processed the completed application, you will receive a letter which explains how to use the service.

Participants 65 years of age or older can also qualify for free Mass Transit through the Luzerne County Transportation Authority (LCTA). Seniors 65 years of age and older can ride the bus free all day every day during regular service hours. Seniors may call (570)287-8463 for information, but must personally appear with proof of age to obtain an Identification card at:

Luzerne County Transportation
300 S Pennsylvania Ave
Wilkes Barre, PA 18701

Requests for additional information should be directed to Shared Ride at (570) 288-8420.

Sincerely,

A handwritten signature in cursive script that reads "Robert Fiume".

Robert Fiume, Executive Director
Luzerne County Transportation
Shared Ride Program



LCTA | Shared Ride

300 S Pennsylvania Ave Wilkes Barre, PA 18701

P: 570-288-8420

F: 570-288-7327

Name _____
(Please Print)

Home Address _____ Apt _____

Town/City _____ State _____ Zip _____

What is the nearest major street or intersection to your home? _____

Must you be transported in a wheelchair? Yes ____ No ____

If yes, can you transfer from your wheelchair to a seat on the vehicle? Yes ____ No ____

Are there more than three (3) steps from the door of your home or apartment building to the driveway or street where the vehicle would stop? Yes ____ No ____

Do you have any other special needs? Please explain _____

Emergency Contact Name _____

Phone Number _____



Pennsylvania

DEPARTMENT OF TRANSPORTATION
www.dot.state.pa.us

**APPLICATION
SENIOR CITIZEN TRANSIT
IDENTIFICATION CARD**
FREE/REDUCED FARE
TRANSIT PROGRAMS FOR SENIOR CITIZENS

CARD NUMBER _____

NAME OF APPLICANT (Last, First, Middle Initial)			DATE OF APPLICATION	
ADDRESS (Street or Route)		(City or Post Office)	(State)	(Zip Code)
HOME TELEPHONE NUMBER AREACODE _____	DATE OF BIRTH	AGE	<input type="checkbox"/> MALE SIGN HERE <input type="checkbox"/> FEMALE X _____	

THIS SECTION TO BE COMPLETED BY TRANSIT AGENCY

ACCEPTABLE PROOF OF AGE DOCUMENTS (ONE REQUIRED, CHECK AND INCLUDE APPLICABLE INFORMATION)

- ARMED FORCES DISCHARGE/SEPARATION PAPERS – SEPARATION DATE _____
- BAPTISMAL CERTIFICATE-CHURCH'S NAME & ADDRESS _____
- BIRTH CERTIFICATE -NUMBER _____
- PASSPORT/NATURALIZATION PAPERS -- NUMBER _____
- PENNSYLVANIA IDENTIFICATION CARD - NUMBER _____
- RESIDENT ALIEN CARD – NUMBER _____
- PACE IDENTIFICATION CARD – NUMBER _____
- PHOTO MOTOR VEHICLE OPERATOR'S LICENSE – NUMBER _____
- STATEMENT OF AGE FROM UNITED STATES SOCIAL SECURITY ADMINISTRATION
(ATTACH COPY TO THIS APPLICATION)

PLEASE NOTE THAT ONLY THE ABOVE FORMS OF AGE DOCUMENTATION ARE ACCEPTABLE FOR THESE PROGRAMS

I DO HEREBY CERTIFY THAT I HAVE REVIEWED THE ABOVE AGE DOCUMENTATION AND THE INFORMATION CONTAINED HEREIN IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SIGNATURE OF TRANSIT AGENCY REPRESENTATIVE CERTIFYING AGE DOCUMENTATION -DATE

PRINTED NAME OF ABOVE TRANSIT AGENCY REPRESENTATIVE

NAME OF TRANSIT AGENCY (Include Street or Route, City or Post Office, State, Zip Code)