

# Mobility Services Registration Form

## Registration requirements

Applicants must be Chesterfield County residents and provide proof that they are aged 60 or older, or have a disability, or meet federal income guidelines to participate in the Chesterfield County's Mobility Services. Acceptable documentation is listed below. Information provided is for documenting and confirming eligibility in order to provide services.

To apply, complete this form and attach proof of residency and qualifications. Print all information clearly.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Signature Required: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail: \_\_\_\_\_

Race or Ethnic background (Federal requirement): \_\_\_\_\_

## Proof of Qualifications

Please check the appropriate box and attach the documents required in Section A and from Section B. (Seniors aged 60 or older with a valid Virginia driver's license or Virginia issued ID card will meet the requirements of both sections.)

**Section A** - Proof of Chesterfield County Address listed above. Check one of the following and include a copy of it with this form.

- Copy of a utility bill
- Copy of your valid Virginia driver's license or Virginia issued photo I D
- Copy of your Voter Card
- Copy of lease or other official document from Chesterfield County with your name and address

**Section B** – Proof of Qualification - **Check one** qualification and include a copy of the required documentation with this form.

- Aged 60 or older:
  - Copy of your valid Virginia driver's license or Virginia issued photo ID
  - Photocopy of your birth certificate
  - Medicaid or Medicare Card
- Disabled:
  - Copy of a doctor's letter
  - Social Security statement
  - Medicaid or Medicare card
  - IEP or MHSS Pro-Filer number: \_\_\_\_\_
- Income:
  - Copy of most recent **signed** tax return
  - IRS Verification of Non-filing Letter
  - SNAP Award Letter or Unemployment Award Letter

**Mobility Aides** - Do you use any of the following when traveling in a vehicle:

- Wheelchair
- Scooter or Hoveround
- Walker
- Other: \_\_\_\_\_

## Type of Service Preferred:

- Access Chesterfield - Shared ride - next day curb-to-curb service - purchase vouchers to pay for services
- Access On Demand - Same day - point-to-point/door-to-door service - use credit card to pay for services

Fax completed form and documentation to 804-748-1099 or email to [MobilityServices@chesterfield.gov](mailto:MobilityServices@chesterfield.gov)  
mail to: Citizen Information & Resources, Mobility Services, PO Box 40, 9800 Government Center  
Parkway, Chesterfield, VA 23832.