C I T Y O F R A L S T O N & L A V I S T A
SPECIAL SERVICES BUS APPLICATION
8220 Serum Avenue, Ralston, Nebraska 68127
Pick-up Scheduling: 402-657-3550

NAME_____DATE_____
Last First Middle

_____
Address City State Zip

Telephone No._____ Mobile_____ Age_____ Male_____ Female____

DO YOU HAVE A DISABLITITY? Yes____ No____ IF YES, PLEASE DESCRIBE YOUR CONDITION:

_____ Ambulatory without Limitations

_____ Ambulatory with Some Limitations

_____ Non-Ambulatory

_____ Other / Please Describe: _____

WILL YOUR DISABLITY REQUIRE ANOTHER PERSON TO ESCORT YOU? Yes_____ No_____

IS YOUR DISABLITY: _____Permanent _____Temporary

LIVE IN: _____House ____Apartment WITH: _____Alone _____Spouse _____Friend _____Relative

IN CASE OF EMERGENCY, PLEASE NAME YOUR CLOSEST RELATIVES, NEIGHBORS or FRIENDS:

Name	Address	Phone Number	Relationship
Name	Address	Phone Number	Relationship

_____
Signature of Applicant Date

Revised 1/22/04 djs