



App Received: _____

Approved: _____

Expiration Date: _____

SHUTTLE VAN APPLICATION

Please Print

Last Name: _____ First: _____ Initial: _____

Address: _____

City, State, Zip: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

Communication Preference: Voice Call Text

Gender: Female Male Non-binary Prefer not to say

Date of Birth (month / day / year): _____

1. Are you age 60 or older? Yes No
2. Do you have a disability? Yes No Describe: _____

(If yes, you may be better served by Paratransit Service)

3. Do you use any of the following (check all that apply):

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> Manual wheelchair | <input type="checkbox"/> Electric wheelchair | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Power scooter | <input type="checkbox"/> Crutches | <input type="checkbox"/> Cane |
| <input type="checkbox"/> Service animal | <input type="checkbox"/> Personal Care Assistant | <input type="checkbox"/> White Cane |

4. Does your mobility device exceed the common standard of 30 inches wide and 48 inches long, or exceed 600 pounds when occupied? Yes No

(Note: Larger mobility devices and devices that exceed 600 lbs. when occupied may exceed equipment transport capacity.)

Please complete both sides – over

5. Will you require assistance from your door to the vehicle?

- No
- Yes, sometimes
- Yes, every time (Premium Service Assistance)

If yes, what type of assistance: _____

In case of emergency, who should we contact?

Name: _____

Phone: _____

Relationship to applicant: _____

Riders Guide

I have received and reviewed the [Rider's Guide](#) and understand the following:

- Vans are subject to delays caused by traffic, weather, detours, accidents, passenger loads and unforeseen circumstances. Please allow some time for your ride to arrive.
- Both fixed route buses and Shuttle Van vehicles are equipped with lifts or ramps, and can be used by people with any mobility aid, such as a wheel chair, scooter or walker.
- The Shuttle Van is a shared ride service meaning you may not be taken directly to your destination until another rider is delivered.
- Operators are not required to leave curbside unless you have scheduled premium service.
- Operators can only wait a five (5) minutes after your scheduled departure time. Other passengers are also expecting timely pick-ups.

Applicant Signature: _____

Date: _____

Please return this completed application to:

Mountain Line Shuttle Van Services
1221 Shakespeare
Missoula, MT 59802

For Office Use Only

APPROVED DENIED for
SHUTTLE VAN SERVICES

- 1. _____ Date: _____
- 2. _____ Date: _____
- 3. _____ Date: _____

Or email to: paratransit@mountainline.com