cpacs
center for pan asian community services

☐ New application ☐ Renew Application

CPACS Mobility Application Form

Last Name: _____ First Name: _____

Date of Birth: _____ Gender: ☐ Male ☐ Female Marital Status: _____

Address: _____ Apt #:_____

City: _____ State: _____ Zip: _____

County: ☐ Gwinnett ☐ DeKalb ☐ Other (Specificity) _____

Home Number: _(___)_____ Cell: __(___)_____

Primary Language: _____ Race/Ethnicity_____

EMERGENCY CONTACT INFORMATION (mandatory)

Contact Name: _____ Relationship: _____

Home Phone: __(___)_____ Cell Phone: _(___)_____

☐ I authorize CPACS to contact listed above on my behalf.

Please indicate type of transportation you need, **please check all that apply.**

☐ Employment ☐ Medical ☐ Personal (Specify) _____

For medical, list days: _____

Which of the following mobility aids do you use? **Please check all that apply.**

☐ Walking Cane
☐ White Cane
☐ Walker
☐ Prosthesis
☐ Crutches
☐ Manual Wheelchair
☐ Power Wheelchair
☐ Power scooter/cart
☐ Leg Braces
☐ Portable Oxygen
☐ Service Animal
☐ Communication Board
☐ Other: _____
☐ **NONE**

Please indicate if you receive the following, ***Documentation will be requested.***

☐ Medicare/Medicaid
☐ SSI
☐ Social Security Disability
☐ Long/Short term disability
☐ Paratransit
☐ **NONE**

Do you require an attendant accompany you to provide assistance when using transportation services?

☐ Yes ☐ No ☐ Sometimes

Internal use only:

Staff Initial: _____ Date: _____

Application # _____

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Applicant's Certification

I understand the purpose of this form is to determine if I am eligible to participate in the New Freedom Transportation Services offered through CPACS. I understand this program is designated to serve individuals of **19 to 59 with a disability and seniors over 65** who have difficulty using regular public transportation due to their disability or language access. By signing this application, I have received CPACS Mobility Education Material.

I certify the information I have provided on this intake form is true and accurate to the best of my ability.

Applicant Signature: _____ Date _____

PHOTO/VIDEO RELEASE AGREEMENT

1. I, the undersigned, consent and agree that still photographs, motion pictures, or the television presentations in the forms of either live or video tape may be made of myself, my child (ren) by CPACS.
2. This release gives CPACS the right to use the above-listed visual and written material above in conjunction with the teaching instruction, training, information and education of employees of CPACS or the other general public.

3. Further, I hereby release CPACS and forever discharge any claim of any nature against them as long as the material is used in compliance with the above-stated paragraph 2.

4. I grant this consent as (parent-guardian) a voluntary contribution in the interest of the said reasons listed in paragraph 2.

Signature: _____ Date: _____

Name (Printed):_____Email:_____

Please send this application by one of the following options,
1 .Fax at 770-458-9377 Attention **CPACS Mobility**
2. Scan and email to victoria.huynh@cpacs.org and manoj.dahal@cpacs.org
3. Mail to 3510 Shallowford Rd. NE. Atlanta, GA. 30341 Attention **CPACS Mobility**

3510 Shallowford Rd. N.E.
Atlanta, GA 30341
T 770 936 0969
F 770 458 9377