



3750 East Rosser Avenue
Bismarck, ND 58501
701-258-6817

Application for Services

Return your completed and signed application to Bis-Man Transit via one of the following methods:

Scan and email to: *transit.bisman@midconetwork.com*

Fax to: *701-258-6752*

Mail to or drop off at: *Bis-Man Transit
3750 East Rosser Avenue
Bismarck, ND 58501*

Bis-Man Transit provides 24 hours a day, 7 days a week, door-to-door transportation service for persons who are age 60 or older OR individuals with a disability. To qualify as an eligible rider and to obtain your rider identification card, this form must be completed. Please type or print clearly.

- All applicants must fill out Parts 1 and 3 of this form.
- Applicants qualifying based on age must submit proof of age (copy of picture ID, copy of birth certificate, or a copy of a Medicare card).
- Applicants with a disability must also complete **Part 2 (shaded gray)**. Those qualifying based on disability must have verification of the disability (Part 2, Question 1).

If your application is approved, you will receive a rider ID card by mail. If your application is not approved, you will be notified and you will have an opportunity to provide additional information for reconsideration by Bis-Man Transit.

Part 1: To be completed by ALL APPLICANTS

1. Name _____
2. Home Address _____
City, State, Zip Code _____
3. Phone Numbers (Home) _____ (Work) _____
(Cell) _____ (Other) _____
4. Date of Birth _____ Current Age _____
5. Expected Payment Method: Myself (Cash/Check/Transit Punch Card) ____ Agency ____
Medicaid ____ Other (describe) _____
If applicable: Agency name: _____ Medicaid #: _____
6. Eligibility (check one or both): Age 60 or Older _____ Disability _____
If Disability, Indicate Disability Type _____
Is this disability temporary? Yes ____ No ____ If yes, expected disability duration: _____
7. Do you use or need any of the following? (check all that apply)
Escort _____ Communication Board _____ Written Notes _____ Guide Dog _____
Sign Language _____ Wheelchair _____ Other (describe): _____
8. Do you need a vehicle with a wheelchair lift? Yes ____ No ____

Part 2: To be completed by APPLICANTS WITH A DISABILITY

1. Applicants applying based solely on disability **MUST** have this question filled out and signed by a human services professional: physician, counselor, nurse, teacher, case manager, etc.

If you have a disability AND you are age 60 or older, you may skip this question and move on to question #2 of this part, since you also qualify based on age.

Name _____ Title _____

Agency _____ Phone _____

Address _____

Is this disability temporary? Yes _____ No _____ If yes, expected disability duration: _____

Signature _____ Date _____

2. Disability Type (check all that apply):

Physical _____ Visual _____ Hearing _____ Mental or Developmental _____

Other (describe): _____

Please explain the diagnosis of your disabilities _____

3. Are you able to walk with the assistance of another person?

Yes _____ No _____ Only with great difficulty _____

4. Are you able to climb three 12 inch steps using a handrail?

Yes _____ No _____ Only with great difficulty _____

5. Are you able to wait outside without support for 10 minutes?

Yes _____ No _____ Only with great difficulty _____

6. Do you require the use of the following?

Wheelchair: Not at all _____ Some of the time _____ All the time _____

Manual _____ Electric _____ Amigo/3 wheel _____ Oversized _____

Cane: Not at all _____ Some of the time _____ All the time _____

Crutches: Not at all _____ Some of the time _____ All the time _____

Walker: Not at all _____ Some of the time _____ All the time _____

Does the walker fold? Yes _____ No _____

Prosthesis: Not at all _____ Some of the time _____ All the time _____

7. Do you need to be accompanied by another person (personal assistant, aid or helper) while using Bis-Man Transit door-to-door service? Yes _____ No _____

8. Is there any other effect of your disability of which Bis-Man Transit should be aware? _____

Part 3: To be completed by ALL APPLICANTS

- Who should be contacted in case of an emergency?
Name _____
Relationship _____ Primary Phone _____
Secondary Phone (if applicable) _____
- Should Bis-Man Transit be made aware of any other information about you? _____

- Contact information if someone other than applicant is completing the application on their behalf.
Name _____ Daytime Phone _____
Signature _____ Date _____
- By signing below I am certifying that the information provided in this application is correct to the best of my knowledge. I authorize the release of this application information to the Bis-Man Transit board and its contracted transit provider(s).

Applicant's Signature _____ Date _____
- Email _____

Latest Update - 14.04.19 KO

Bis-Man Transit Board Internal Use Only – DO NOT COMPLETE

Certified as eligible rider? Yes ____ No ____ Picture ID? Yes ____ No ____
Eligibility? Elderly ____ Disabled ____ ADA ____ Medical Sign Off? Yes ____ No ____
Assigned rider ID number: _____ Date of certification __/__/__ Expiration __/__/__
Name of certifying agent: _____
Signature of certifying agent: _____