



Mailing Address: PO Box 366, Montrose, PA 18801  
Located at: 81 Industrial Drive off of State RT 29 S – Montrose, PA 18801  
Phone: (570) 278-6140 – (866)278-9332 – [swct@trehab.org](mailto:swct@trehab.org)

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## Welcome to the NEW Susquehanna - Wyoming County Transportation Program!

Attached please find an application for our Senior Citizens Transportation Program. In order to start riding, you just have to complete the enclosed application and provide us with proof of your age.

1. Please complete the enclosed application.
2. Please include a copy of one of the following forms of identification proving your age:
  - Birth Certificate
  - Driver's License
  - Non-Driving State ID
  - Armed Forces Discharge/Separation Papers
  - Baptismal Certificate
  - Veterans' Universal Access ID Card
  - Resident Alien Card
  - PACE Card
  - Passport/Naturalization Papers
  - Statement of Age from the Social Security Office

Please return the application to: Trehab – SWCT, PO Box 366, Montrose, PA 18801, or fax to 570-278-6149.

If you have any questions, please don't hesitate to call our office toll free at 1-866-278-9332. We look forward to serving your transportation needs!



APPLICATION  
SENIOR CITIZEN TRANSIT  
IDENTIFICATION CARD  
FREE/REDUCED FARE  
TRANSIT PROGRAMS FOR SENIOR CITIZENS

CARD NUMBER

NAME OF APPLICANT (Last, First, Middle Initial)			DATE OF APPLICATION	
ADDRESS (Street or Route)		(City or Post Office)	(State)	(Zip Code)
HOME TELEPHONE NUMBER	DATE OF BIRTH	AGE	<input type="checkbox"/> MALE SIGN HERE <input checked="" type="checkbox"/> FEMALE X	
AREA CODE ( )				

**THIS SECTION TO BE COMPLETED BY TRANSIT AGENCY**

ACCEPTABLE PROOF OF AGE DOCUMENTS (ONE REQUIRED, CHECK AND INCLUDE APPLICABLE INFORMATION)

- ARMED FORCES DISCHARGE/SEPARATION PAPERS - SEPARATION DATE \_\_\_\_\_
- BAPTISMAL CERTIFICATE - CHURCH'S NAME & ADDRESS \_\_\_\_\_
- BIRTH CERTIFICATE - NUMBER \_\_\_\_\_
- RESIDENT ALIEN CARD - NUMBER \_\_\_\_\_

- PACE IDENTIFICATION CARD - NUMBER \_\_\_\_\_
- PASSPORT/NATURALIZATION PAPERS - NUMBER \_\_\_\_\_
- PENNSYLVANIA IDENTIFICATION CARD - NUMBER \_\_\_\_\_
- PHOTO MOTOR VEHICLE OPERATOR'S LICENSE - NUMBER \_\_\_\_\_
- STATEMENT OF AGE FROM UNITED STATES SOCIAL SECURITY ADMINISTRATION  
(ATTACH COPY TO THIS APPLICATION)

**PLEASE NOTE THAT ONLY THE ABOVE FORMS OF AGE DOCUMENTATION ARE ACCEPTABLE FOR THESE PROGRAMS**

I DO HEREBY CERTIFY THAT I HAVE REVIEWED THE ABOVE AGE DOCUMENTATION AND THE INFORMATION CONTAINED HEREIN IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

\_\_\_\_\_  
SIGNATURE OF TRANSIT AGENCY REPRESENTATIVE CERTIFYING AGE DOCUMENTATION – DATE

\_\_\_\_\_  
PRINTED NAME OF ABOVE TRANSIT AGENCY REPRESENTATIVE

\_\_\_\_\_  
NAME OF TRANSIT AGENCY (Include Street or Route, City or Post Office, State, Zip Code)



SUSQUEHANNA-WYOMING COUNTY TRANSPORTATION

81 Industrial Drive – PO Box 366 – Montrose, PA 18801  
Phone: (570) 278-6140 – (866)278-9332 • Fax: (570) 278-6149  
Email: [swct@trehab.org](mailto:swct@trehab.org) – Website: [www.trehab.org](http://www.trehab.org)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Phone Number(s): Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Physical Address: \_\_\_\_\_

\_\_\_\_\_ (Street Name) \_\_\_\_\_

\_\_\_\_\_

Municipality (Township you pay your taxes to): \_\_\_\_\_

Directions to your home: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Emergency Contact:*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Do you use a wheelchair while traveling with SWCT? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you use a walking device while traveling with SWCT? Yes \_\_\_\_\_ No \_\_\_\_\_

Are there any other special needs or medical conditions, you would like to make aware to SWCT staff?

\_\_\_\_\_

Do you need an escort to travel with you (verification may be required)? Yes \_\_\_\_\_ No \_\_\_\_\_

How did you hear about transportation? *(Please check all that apply)*

- |                          |                          |                                     |                          |
|--------------------------|--------------------------|-------------------------------------|--------------------------|
| Saw an SWCT Bus          | <input type="checkbox"/> | Facebook                            | <input type="checkbox"/> |
| Friend/Relative referral | <input type="checkbox"/> | Website/Internet                    | <input type="checkbox"/> |
| Radio                    | <input type="checkbox"/> | Newspaper (which one) _____         | <input type="checkbox"/> |
| County Assistance office | <input type="checkbox"/> | Other Agency (which one) _____      | <input type="checkbox"/> |
| SWCT Staff outreach      | <input type="checkbox"/> | Other (please provide detail) _____ | <input type="checkbox"/> |