Morris Area Paratransit System (MAPS) Registration Form

The Morris Area Paratransit System (MAPS) is Morris County's curb to curb paratransit service for senior citizens 60 years of age or older, persons with disabilities, individuals with Veteran status, and/or those who reside in rural areas of the county.

Proof of eligibility:

- Age Verification (driver's license or passport)
- Disability Verification (certification form completed by a physician if the consumer has a disability as per ADA regulations or a letter acknowledging your disability status from the Social Security Administration)
- Veteran Verification (Veteran identification card or DD 214 Form)
- Rural Verification (proof of address)

Contact the MAPS office at (888) 282-6277 with any questions. Completed forms should be forwarded to:

MAPS P. O. Box 900 Morristown, New Jersey 07963-0900 Fax (973) 829-8565

Part I (to be complete	ed by applicant):	
Name:		
Address:		
Telephone: () Cell: ()	
Date of Birth:	Email:	
Emergency Contact: (n	name and telephone number)	
Ambulatory ()	Semi-Ambulatory () Uses Assistive Device ((may need more time to walk or uses walker/cane) (wheelchair or sco	•/
Do you receive Medica	aid? YES () NO ()	
For demographic data	collection only- Race/Ethnicity check all that apply	
() Black (not Hispani	ic) () Hispanic () Asian or Pacific Islanders () American Indian/Alas	kan Natives
() Non-minorities (the	ose not previously listed)	
Part II (to be certified	by healthcare provider):	
Physician's Name:		
Address:		
Telephone:	()	
	individual meets the ADA regulations as follows: the person (1) has a physical or mer ajor life activity, (2) has a record of such an impairment, or (3) is regarded as having s	
Length of Disability (ple	ease check one):	
() permanent () temp	porary (if temporary, please indicate timeframe)	
	Date:	
MAPS Personnel	Only Identification/DOB verified by staff memberIn	itials Date