



**Inter-County Public Transportation Authority**  
*Serving Chowan, Perquimans, Pasquotank Camden and Currituck counties*  
**5310 CERTIFICATION FOR ELDERLY AND/OR DISABLED (EDTAP)**  
**TRANSPORTATION ASSISTANCE PROGRAM**  
**Phone: 252-338-4480    FAX: 252-338-4486**

The goal of the Section 5310 program is to improve mobility for seniors and individuals with disabilities throughout the country, by removing barriers to transportation services and expanding the transportation mobility options available. A Senior is an individual who is **65 years of age or older and** **an the term 'disability' is defined in section 3(1) of the Americans with Disabilities Act of 1990 (42 U.S.C. 12102).** The 5310 EDTAP funds are intended for those individuals who do not qualify for transportation assistance under a human service program.

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

Address: \_\_\_\_\_

City: \_\_\_\_\_, NC    Zip Code: \_\_\_\_\_

Telephone No.: \_\_\_\_\_    Date of Birth: \_\_\_\_\_

***The following information will be used to ensure that an appropriate vehicle is utilized to provide the client's transportation.***

Does the client use any of the following mobility aides? Yes \_\_\_\_\_ No \_\_\_\_\_

*(Check all that apply)*

Manual or powered wheelchair \_\_\_\_\_ Walker \_\_\_\_\_ Powered Scooter \_\_\_\_\_ Cane \_\_\_\_\_

Crutches \_\_\_\_\_ Personal Care Attendant \_\_\_\_\_ Guide Dog \_\_\_\_\_ Other \_\_\_\_\_

<b>Complete this section if the client has a disability</b>
What is the client's disability? _____
Is this condition temporary? _____ If yes, expected duration until: _____
Are there any other elements of client's disability of which we need to be aware? _____

**Certified By:**

Signature: \_\_\_\_\_

Title: \_\_\_\_\_    Date: \_\_\_\_\_

***Certification must be made by a Doctor, Nurse, Social Worker, or Human Service Agency Representative (Age 65 or older may certify this form themselves if they attach a copy of a picture ID)***