Northeastern Connecticut Transit District



CALL & RIDE

Eligibility Application

Serving the Towns of:

Brooklyn Canterbury Eastford Killingly Plainfield Putnam Pomfret Thompson Woodstock

Northeastern Connecticut Transit District

CALL & RIDE

CALL & RIDE service is available in the towns of Brooklyn, Eastford, Killingly, Plainfield, Pomfret, Woodstock

Call & Ride service is available to anyone 60 years of age and older and to people of all ages who have a disability who have completed this application and are certified as a Call & Ride Rider (a card will be issued)

Fares are \$1.00 per ride. Discounts tickets are available - please ask your driver or call us for details.

Our offices are located at 125 Putnam Pike in Dayville. Our phone number is 774-3902. If you require information or schedules in an alternate format (Braille, audio tape, non-English languages), please contact us.

Our business is providing safe, efficient transportation - we are always looking for ways to improve. If you have comments, questions or suggestions, please let us know.

Return completed Applications & any back up documentation to:

NECTD Dial a Ride Eligibility P.O. Box 759 Dayville, CT 06241

We will contact you within 2 weeks after receiving your application

CALL & RIDE
Eligibility Application

For Persons with Disabilities

| Name: | | | | | | |
|---|--|--|--|--|--|--|
| Home Address Apt # | | | | | | |
| City Zip Code | | | | | | |
| Mailing address (if different from above) | | | | | | |
| | | | | | | |
| Daytime Phone () Evening Phone () | | | | | | |
| Birth Date/ Female Male | | | | | | |
| Emergency Contact Person | | | | | | |
| Day Phone # | | | | | | |
| If assistance was provided in filling out this form, please indicate by whom: | | | | | | |
| Name Phone | | | | | | |
| Please indicate if this person should be contacted directly if additional | | | | | | |
| information is needed Yes No | | | | | | |

All answers will be kept confidential – they are required to determine eligibility.

Please answer the following questions in detail.

| 1. A. Do you have a disability certificate from | | | te from Social Security? | |
|---|---|----------------------|--------------------------|----------------------------------|
| | answer# | | | a copy – You do not need to B |
| 1. B. | What is y | our disability or he | ealth-rel | lated condition |
| 2. | How do | you currently travel | to your | most frequent destinations? |
| | Fix | ed Route bus | | Someone drives me |
| | Dr | ive myself | | |
| 3. | Do you use any of the following mobility aids or specialized equipment? | | | |
| | | Cane | | Power chair |
| | | White Cane | | Large Power Chair |
| | | Walker | Manua | al Chair |
| | | Crutches | | Service Animal |
| | | Leg Braces | | Communication Board |
| | | Power Scooter | | Other |
| 4. | Does a personal care attendant accompany you when you travel outside your home? | | | |
| | Yes | No | | Sometimes |

I certify that the information in this application is true and correct.

| I understand that it may be necessary to contact a professional to assist in the determination of eligibility. | | | | | |
|--|---|--|--|--|--|
| | | | | | |
| Applicant's Signature | Date | | | | |
| I hereby authorizeName of licensed | physician or healthcare professional | | | | |
| Address of physician | phone number | | | | |
| disability in order to verify my eligibil information released will be used sole | ely to determine my eligibility. I realize of this authorization. I understand that I | | | | |
| Applicant's Name (print) | Date | | | | |
| Applicant's signature | | | | | |