



DENTON COUNTY  
TRANSPORTATION  
AUTHORITY

OFFICE USE ONLY	
Date:	
Reviewer Name:	
Route Match:	

## COLLIN COUNTY RIDES SERVICE APPLICATION

### CONTACT INFORMATION

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth (Month/Day/Year) \_\_\_\_\_ Gender:  Male  Female

### Emergency Contact

1. First \_\_\_\_\_ Last \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

2. First \_\_\_\_\_ Last \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

### Definition of Disability & Eligibility

1. A person is defined as having a disability by reason of illness, injury, congenital malfunction, or other permanent or temporary incapacity or disability that is unable without special facilities or special planning or design to utilize DCTA's bus facilities and services effectively.
2. Age 65 or older.
3. Medicare cardholder—anyone in possession of a Medicare card is eligible for Reduced Fare.

**Disabled Certification:** Please check one or more that apply.

Paraplegic                       Multiple Sclerosis                       Stroke  
 Arthritis, Hip or Leg                       Quadriplegic                       Visually Impaired  
 Arthritis (other)                       Cerebral Palsy                       Cognitive Impairment  
 Other (Specify) \_\_\_\_\_

Do you use a mobility aid? (check all that apply)

Manual Wheelchair  Powered Wheelchair  I do not use a wheeled device  Other \_\_\_\_\_

Do you require the assistance of a Personal Care Attendant (PCA) to travel?  Yes  No

How do you travel now to shop for groceries, travel to medical appointments, visit friends, etc.?  
\_\_\_\_\_

How do you plan to use this service? (check all that apply)

Shopping  Medical  Social  Connect to DART  Work  Other \_\_\_\_\_

\*\*\* Please note that connections to DART transportation will only be made from the cities of: Allen, and Fairview.

How often do you think you will travel with this service?

Every day  Once or twice a week  A few times a month  Occasionally throughout the year

### Collin County Rides Service Applicant Agreement

I confirm all provided information is true to the best of my knowledge and I agree that I will:

- Pay the exact fare for each trip.
- Notify DCTA of any changes to my condition or situation that may affect my eligibility.
- Abide by all DCTA policies and procedures.

I understand failure to abide by the DCTA policies and procedures may result in a suspension of service or the revoking of my application and my right to participate in Collin County Rides service

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Application Date

\_\_\_\_\_  
Name of MSR Completing Application on Behalf of Customer

\_\_\_\_\_  
Date of Verbal Agreement

**Applications may be submitted by mail, in person, email or fax-**

DCTA: 604 E. Hickory St. Denton, TX 76205

[ccrapplications@dcta.net](mailto:ccrapplications@dcta.net)

Fax: 940-387-1461

