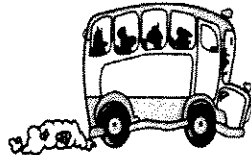


# Northeastern Connecticut Transit District



## **CALL & RIDE**

## **Eligibility Application**

Serving the Towns of:

**Brooklyn Eastford Killingly  
Plainfield Pomfret Woodstock**

774-3902

Application for Disabled  
Individuals

## **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 Social Security?

If the answer is yes, please provide a copy – You do not need to answer #1B

If the answer is no, please answer 1B

1. B. What is your disability or health-related condition

-----

2. How do you currently travel to your most frequent destinations?

\_\_\_\_ Fixed Route bus      \_\_\_\_ Someone drives me

\_\_\_\_ Drive myself

3. Do you use any of the following mobility aids or specialized equipment?

\_\_\_\_ Cane      \_\_\_\_ Power chair

\_\_\_\_ White Cane      \_\_\_\_ Large Power Chair

\_\_\_\_ Walker      \_\_\_\_ Manual 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 authorize \_\_\_\_\_  
Name of licensed physician or healthcare professional

\_\_\_\_\_  
Address of physician

\_\_\_\_\_  
phone number

To release to the Northeast Transit District, necessary information about my disability in order to verify my eligibility for Call & Ride services. The information released will be used solely to determine my eligibility. I realize that I have the right to receive a copy of this authorization. I understand that I may revoke this authorization at any time.

\_\_\_\_\_  
Applicant's Name (print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's signature