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