



DENTON COUNTY
TRANSPORTATION
AUTHORITY

| | |
|-----------------|--|
| OFFICE USE ONLY | |
| Date: | |
| Reviewer Name: | |
| Route Match: | |

FRISCO 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 _____

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 _____

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

Frisco 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 Frisco 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

applications@dcta.net

Fax: 940-387-1461