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| DCTA Office Use Only |  |
| Date:                |  |
| Reviewer Name:       |  |
| Spare Labs ID:       |  |

## Application: Collin County Rides Service

Note: Applicants must be residents of the cities of Allen or Fairview, Texas

### Applicant Information

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

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

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

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

Email \_\_\_\_\_

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

### Emergency Contact

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

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

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

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.)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Paraplegic            | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Stroke               |
| <input type="checkbox"/> Arthritis, Hip or Leg | <input type="checkbox"/> Quadriplegic       | <input type="checkbox"/> Visually Impaired    |
| <input type="checkbox"/> Arthritis (other)     | <input type="checkbox"/> Cerebral Palsy     | <input type="checkbox"/> Cognitive Impairment |
| <input type="checkbox"/> Other (Specify) _____ |   |   |

## Additional Information

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.?

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

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

\*\*\* Please note: connections to DART transportation will only be made from the Parker Road and Downtown Plano Stations.

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.

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Signature of Applicant

Application Date

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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 Customer Service

604 E. Hickory St. Denton, TX 76205

Email: [applications@dcta.net](mailto:applications@dcta.net)

Fax: 940-387-1461