



OFFICE USE ONLY	
Date:	
Reviewer Name:	
Spare Labs ID:	

Frisco Demand Response - Service Application

Applicant 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 Contacts

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.

- | | | |
|--|---|---|
| <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 |

Other (Specify) _____

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

- Manual Wheelchair Powered Wheelchair Other _____
 I do not use a wheeled device for mobility assistance

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 Demand Response – 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