DENTON COUNTY TRANSPORTATION AUTHORITY

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

Application: Frisco Demand Response Service – Application

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 cardholders are eligible for Reduced Fare.

Disabled Certification

(Please check one or more that apply.)

☐ Paraplegic	☐ Multiple Sclerosis	☐ Stroke
☐ Arthritis, Hip or Leg	☐ Quadriplegic	☐ Visually Impaired
☐ Arthritis (other)	☐ Cerebral Palsy	☐ Cognitive Impairment

☐ 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 _____

Make _____ Model _____ Chair Width _____

Chair Length_____ Chair Weight _____Combined Rider/Chair Weight_____

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

Are you able and willing to receive non-wheelchair accessible services from ride sharing companies such as Lyft?
Yes ☐ No ☐

Frisco Demand Response 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 Demand Response 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 Customer Service
604 E. Hickory St. Denton, TX 76205
Email: applications@dcta.net
Fax: 940-387-1461