DENTON COUNTY TRANSPORTATION AUTHORITY

DCTA Access Paratransit Service Application

Welcome to DCTA Access Paratransit, a shared-ride transportation service for individuals whose disabilities prevent them from using fixed-route bus service. Service is available for eligible residents and visitors within the Denton, Lewisville, and Highland Village service areas.

We look forward to assisting you through the eligibility process and helping determine the transportation services that best meet your needs.

ADA Coordination & Mobility Services Team
Denton County Transportation Authority (DCTA)

What you need to know

- **Application Time** – Approximately 10 minutes to complete.
- **Eligibility Types** – Determinations are made based on client physical capability or needs and may fall under ADA, Non-ADA or Temporary services.
- **Required Documents** – Legible application completed full about your disability, condition(s), and mobility needs. All information provided is confidential and will not be provided to any other person or agency, except as provided by the Texas Public information Act.
- **Interview/Assessment** - An eligibility interview is required and can be completed in person or over the phone; a functional assessment may be requested.
- **Decision Timeline** - Eligibility determinations are typically made within 21 days of receiving a complete application. Timelines may be extended based on information need.
- **Professional Verification Authorization** - No medical records or provider signatures are required. DCTA may contact your healthcare professional if additional information is needed.

Interview Location

Downtown Denton Transit Center (DDTC): 604 E. Hickory St., Denton, TX 76208

- Transportation to and from your interview can be provided if needed.
- Alternative interview locations may be arranged in Lewisville or Highland Village upon request.

To Schedule an Interview/Assessment or have any Questions?

Please contact the ADA Coordinator & Travel Trainer:

- Office (940) 297-1118
- Email: Applications@dcta.net
- Monday-Friday, 9:00 a.m. to 6:00 p.m.

SECTION 1 – PROFESSIONAL VERIFICATION AUTHORIZATION

To allow Denton County Transit Authority to evaluate your ADA Paratransit Service application, sometimes it is necessary to contact your health care or rehabilitation professional to confirm the information you have provided.

Please complete and sign the following authorization:

I authorize the following organization (physician's office, hospital, rehabilitation center, etc.) to provide Denton County Transit Authority with information regarding my disability and its effect on my ability to get around on my own.

Name of Healthcare Professional or Agency: _____

Contact Person's Name: _____

Contact Person's Title: _____

Agency Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ EXT: _____

Email Address: _____

Applicant's Signature or Mark: _____ Date: _____

Printed Name of Applicant: _____

Guardian or Person assisting with this application:

Co-Signed by: _____ Date: _____

Printed Name of Co-Sign: _____

Relationship to Applicant: _____

Phone Number: _____

Email Address: _____

SECTION 2 – PERSONAL INFORMATION REQUIRED

General Information to be completed by applicant fully and legibly:

Last Name: _____ First Name: _____ MI: _____

Gender/Gender Association: ☐ MALE ☐ FEMALE Other Preference: _____

Email Address: _____ Phone Number: _____

Secondary Phone: _____ Work Phone: _____

Date of Birth: _____ Preferred Language: _____

Home Address: _____ Apt/Lot Number: _____

City: _____ State: _____ Zip: _____ Gate Code: _____

Emergency Contact Information:

Last Name: _____ First Name: _____ MI: _____

Relationship to applicant: _____

Phone Number: _____

Email Address: _____

Preferred Media/Communication Type: More than one type may be requested.

☐ Regular Print ☐ Large Print & ☐ Email ☐ Mail ☐ Both

Is Telecommunication for the Deaf (TDD) needed? ☐ YES ☐ NO

Mobility Aids: Check the mobility aid currently utilized for transportation.

□ Walker	□ Cane/White Cane	□ Rollator	□ Braces/ Prosthesis
□ Crutches	□ Oxygen	□ Picture Board	□ Alphabet Board
Service Animal Specify:		Client Approximate Weight:	

Please Note: all mobility specifications are required to proceed with the processing of your application.

□ Wheelchair	□ Oversized Wheelchair	□ Power Wheelchair	□ Scooter
Make:	Model:	Height:	Width:
Length:	Weight:	Accessories:	

SECTION 3 – INFORMATION ON DISABILITY

Please list all health conditions or disabilities that affect your physical, cognitive, visual, sensory, or functional abilities.

For each condition, describe how it impacts your daily mobility and ability to independently use public transportation.

For example: include any difficulties with walking, standing, navigating, understanding directions, remembering information, seeing, crossing streets, boarding vehicles, traveling in unfamiliar areas, or completing a trip safely and independently.

SECTION 4 – UNDERSTANDING THIS APPLICATION FORM

I certify that the information provided on this application is true and correct to the best of my knowledge. I understand that supplying false information can disqualify my application and/or subsequent registration. I authorize DCTA to obtain verification of any information given in this application and to obtain essential medical information necessary for determination of DCTA's Paratransit eligibility. I understand the information I provided on this application will be disclosed to others as necessary to provide the services I have requested and as may otherwise be required by law. I also agree to submit myself for an in-person assessment per request by the DCTA ADA Coordinator or a qualified DCTA ADA representative.

SIGNED: _____ DATE: _____

Applicants' Signature or Mark

CO/SIGNED: _____ DATE: _____

Guardian or Person assisting with this application

Relationship to applicant: _____