



OFFICE USE ONLY

Date:	
Reviewer Name:	
Service Type:	
Account #:	
Route Match:	

**APPLICATION**

I understand that the information I provide will be used to determine my initial and continuing eligibility for Collin County Transit services to be provided by DCTA on behalf of my city. For assistance with this form or to determine eligibility, please call 940.243.0077.

**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 \_\_\_\_\_

If you use a wheeled device, please provide the information below:

Height \_\_\_\_\_ Width \_\_\_\_\_ Depth \_\_\_\_\_ Weight (device plus occupant) \_\_\_\_\_

Do you require the assistance of a Personal Care Attendant (PCA) to travel?  Yes  No

What is the preferred method of communication?  Mail  E-mail Address: \_\_\_\_\_

**Required Eligibility Documentation**

Eligibility Criteria	Certifying Document Provided (Specify)
Proof of Residency <i>Examples: Recent utility bill, rental agreement or letter of residency, along with a picture ID</i>	
65+ years of age <b>OR</b> proof of disability <i>Examples: Doctor's note, SSDI letter, Medicare ID card</i>	

**The remaining questions are for informational purposes only and do not affect eligibility for services.**

Ethnicity:

Black or African American  Asian  White  Hispanic or Latino  American Indian or Alaska Native  
 Native Hawaiian or Pacific Islander  Other \_\_\_\_\_

Are you able to safely drive yourself?  Yes  No  Short distances only

Do you currently receive transportation through Family, Friends, Medicaid or other services?

Yes (Please list which services) \_\_\_\_\_  No

How do you travel now to shop for groceries, travel to medical appointments, visit friends, etc.?  
\_\_\_\_\_

Do you live in an assisted living or apartment complex that offers transportation?  Yes  No

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?

Everyday  Once or twice a week  A few times a month  Occasionally throughout the year

My signature confirms that the information on this application is true and accurate to the best of my knowledge. I authorize a representative of Denton County Transportation Authority to contact the persons and authorities listed in this application to verify the information in determining my eligibility.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Completed applications for Collin County Transit service, along with a signed copy of the terms and conditions and copies of all required documentation, can be submitted via the following means:

- EMAIL: Send to [collincountytransit@dcta.net](mailto:collincountytransit@dcta.net)
- FAX: Send via 940.387.1461
- PHONE: Call DCTA Customer Service at 940.243.0077
- MAIL: Submit to DDTC, Attn: Collin County Transit, 604 East Hickory, Denton, TX 76205

**TERMS & CONDITIONS**

Below are the terms and conditions for participation in the Collin County Taxi Voucher Program. Please review each line and initial next to it to acknowledge you understand and agree to abide by them. Failure to adhere to the terms and conditions may result in suspension or termination of their participation in the program.

**Service Parameters**

- Service is provided Monday through Friday from 6 a.m. to 6 p.m. and Saturday from 8 a.m. to 6 p.m.
- Trips are provided within Collin County
- Irving Holdings will make their best attempt to schedule service for customers who call with less than the suggested notice
- Trip requests may be denied due to capacity constraints or eligibility
- The McKinney Urban Transit District (MUTD), City of McKinney, and DCTA reserve the right to modify the service at any time

**Cancellations/No-Shows**

- Cancellations must be made at least two (2) hours in advance of the scheduled pick-up time
- Cancellations made with less than two (2) hours' notice will be considered a No-Show
- A customer is given a No-Show when the vehicle arrives within the 20-minute ready time-window and the customer fails to board the vehicle within five (5) minutes of the vehicle's arrival
- Excessive No-Shows may result in suspension or termination of program participation

**Debit Card Usage**

- Only the individual qualified for the service may utilize the debit card as payment for taxi rides
- Once the debit card is loaded with funds, those funds are non-refundable and non-transferrable

**Fare/Payment**

- Taxi debit cards are not to be used for tipping
- If the total fare is more than what is available on the debit card, it is the customer's responsibility to pay the difference (cash or credit card)
- Personal Care Attendants (PCA) and guests may accompany a customer, at an additional cost of \$2 per passenger. PCA's and guests under the age of 17 may charge the additional \$2 to the qualified customer's debit card. However, riders over the age of 17 must pay the additional \$2 using another form of payment (cash or credit).

*I have read and agree to these terms and conditions.*

**Printed Name** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_