



DENTON COUNTY  
TRANSPORTATION  
AUTHORITY

OFFICE USE ONLY	
Date:	
Reviewer Name:	
Route Match:	

## FRISCO SERVICE APPLICATION

### 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 \_\_\_\_\_

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\_\_\_\_\_

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 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 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