



# DIAL-A-RIDE APPLICATION

## 65 YEARS AND OLDER

Americans with Disabilities Act (ADA) | Demand Response Eligibility

1. Fully complete application.
2. If you have additional questions call the CCATD Accessible Transportation Customer Service at (541) 267-7111 voice, 7-1-1 TTY.

### PART I APPLICANT DATA

Please print or type

Name: \_\_\_\_\_  
First Middle Initial Last

Street Address: \_\_\_\_\_ Apt.#: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Day Telephone: ( ) \_\_\_\_\_ Evening Telephone: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I am a Veteran of the US Armed Forces. \_\_\_ Yes \_\_\_ No

#### Mailing Address (if different from above)

Street Address: \_\_\_\_\_ Apt.#: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

*By providing emergency/alternate contact numbers, you authorize CCATD or its representatives to contact the individuals listed regarding your Demand Response service.*

#### Emergency Contact Person

Name: \_\_\_\_\_  
First Last Relationship

Day Telephone: ( ) \_\_\_\_\_ Evening Telephone: ( ) \_\_\_\_\_

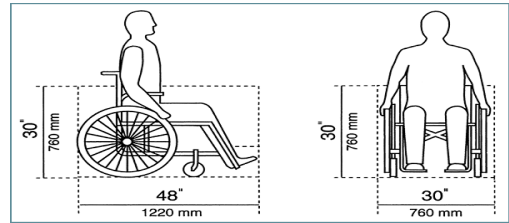
1. Which of the following assistive devices, if any, do you use: *(please check all that apply)*

- |                                     |   |  |  |
|-------------------------------------|---|--|--|
| <input type="checkbox"/> Cane       | <input type="checkbox"/> Manual Wheelchair  | <input type="checkbox"/> Boarding Chair  | <input type="checkbox"/> Prosthesis        |
| <input type="checkbox"/> White Cane | <input type="checkbox"/> Powered Wheelchair | <input type="checkbox"/> Service Animal  | <input type="checkbox"/> Communication Aid |
| <input type="checkbox"/> Walker     | <input type="checkbox"/> Powered Scooter    | <input type="checkbox"/> Portable Oxygen | <input type="checkbox"/> Crutches          |
| <input type="checkbox"/> Cart       | Other: _____                                |  |  |

**2. If you use a wheelchair or scooter:**

Is it more than 30 inches wide? \_\_\_\_\_ YES \_\_\_\_\_ NO

Is it more than 48 inches long? \_\_\_\_\_ YES \_\_\_\_\_ NO



**3. Do you need to travel with a Personal Care Attendant (PCA)?** A PCA is someone designated or employed specifically to assist you meet your personal needs. CCATD cannot provide you a PCA and our drivers cannot serve as your PCA. (Select one)

- No** – You may still have someone travel with you whenever you wish
- Sometimes** – you travel with a PCA at your own discretion
- Yes** – You cannot travel alone and always need to travel with a PCA.

## PART 2 QUESTIONS ABOUT USING FIXED-ROUTE PUBLIC TRANSIT

1. Do you now independently use fixed-route bus service? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes
2. Have you ever had training to use the fixed-route bus service? \_\_\_\_\_ Yes \_\_\_\_\_ No
3. Would you like to schedule time with our travel trainer? \_\_\_\_\_ Yes \_\_\_\_\_ No

## PART 3 APPLICANT SIGNATURE

The information provided on this form is private data and is used to determine ADA paratransit eligibility. The ability to determine your eligibility is based on receiving all the information requested on this form. No information related to CCATD’s Accessible Transportation Services can be released to anyone else without the applicant’s signature. I certify that all information on this application form is accurate.

**Applicant’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\*If the applicant is not his/her own guardian, the following information about the guardian is required:

Guardian’s Name: (please print) \_\_\_\_\_  
First Last Relationship

Contact Phone: ( ) \_\_\_\_\_

**Guardian’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\*If someone other than the applicant or the applicant’s guardian is preparing this form, please provide the following information about the preparer:

Name: (please print) \_\_\_\_\_  
First Last Relationship

Contact Phone: ( ) \_\_\_\_\_

Please submit completed application to:

**Mail or Return in Person to:**

**CCATD**

**2810 Ocean Blvd SE**

**Coos Bay, OR 97420**

**Fax: 541-982-5381 or Email: [skellyirvin@coostransit.org](mailto:skellyirvin@coostransit.org)**