

**Dutchess County Division of Public Transit
Demand Response Service Application
ADA / Dial-A-Ride / Flex**

The information that you provide on this application is intended for the sole purpose of establishing eligibility for transportation service. Dutchess County will not release this information, except to the sponsoring Dial-A-Ride town for other purposes, without your written permission.

Please check the service(s) for which you are applying.

ADA _____ Dial-A-Ride _____ Flex _____

Please Print:

Name _____
Last First Middle Initial

Address _____

Telephone Number () _____ **Cell Phone Number** () _____

Date of Birth _____ **Municipality of Residence** _____

Nearest Intersection _____

Please check the reason(s) you are requesting transportation.

Is it significantly difficult for you to:

Stand outside more than 10 minutes _____ Walk more than 200 feet _____

Get on or off a standard bus _____ Negotiate a flight of stairs _____

Read information due to a visual impairment _____ Stand on a moving bus _____

Hear announcements made by the bus driver _____

Other, please explain _____

Continued on other side

Is your mobility limitation permanent? Yes _____ No _____

If your answer is no, estimate the length of time you will need the services _____

Do you use any of the following aides? (Check all that apply)

scooter _____ wheelchair _____ walker _____ cane _____ service animal _____

Other, please explain _____

Together, how much do you and your mobility device weigh? _____

Do you travel with a personal care attendant? Yes _____ No _____

Do you have special needs the dispatcher should be aware of when scheduling your trips? Yes _____ No _____

If yes, please explain: _____

Please provide the following information for someone we may contact in case of an emergency.

Name _____
Last First

Address _____

Telephone Number () _____ Cell Phone Number () _____

Relationship to Applicant _____

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Dutchess County requests a reference who may be contacted to verify your eligibility for the ADA Complementary Paratransit Service Program. This reference may be a doctor or other health care professional.

Are you a client of a community service agency? Yes _____ No _____
If yes, which agency?

Name _____

Address _____

Telephone Number () _____

Please provide the name of a physician or other health care professional as a reference.

Name _____

Address _____

Telephone Number () _____

I, the undersigned applicant, state that the information provided in this application is true and complete to the best of my knowledge and agree to release it to Dutchess County for the purpose of establishing my eligibility for transportation service. I also understand that the professional reference named above may be contacted to validate my eligibility.

Signature of Applicant: _____ Date: _____

Return completed application to:

**Dutchess County Division of Public Transit
14 Commerce Street
Poughkeepsie, NY 12603**

For further information call: (845) 473-8424

FOR OFFICE USE ONLY:

Date Application Received: _____

Service	Approved	Denied	Reviewed by (Initial)	Date Reviewed	Notes/ If Denied, Provide Reason	
ADA						
	Dial-A-Ride					
(insert township above)						
Flex						