

FOR OFFICE USE ONLY

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**Town of West Hartford Dial-A-Ride
Under 65 DISABILITY MEMBERSHIP**

July 1, 2019 – June 30, 2020

Annual Fee: \$50.00

Payment must accompany application form.

A separate membership application and annual fee is required for each household member.

FOR OFFICE USE ONLY

Date _____

Check # _____

Amount _____

Initials _____

Eligibility:

WH Residents under age 65 with Qualified Disability

Doctor certification is required to activate Dial A Ride membership

Dial A Ride does not serve Assisting Living, Rehabilitation or Nursing Home facilities.

Renewal _____

New _____

Last Name: _____

First Name: _____

Address: _____ Apt. # _____

West Hartford, CT 061 _____ (Zip Code)

Phone: (860) _____ - _____

Date of Birth: ____/____/____

Wheelchair Used? Yes _____ No _____

Hearing Impaired? Yes _____ No _____

Wheelchair Type: Electric _____ Manual _____

Visually Impaired? Yes _____ No _____

Special Assistance Required? Yes _____ No _____

Assisted by: Cane _____ Walker _____

Additional Notes: _____

EMERGENCY CONTACT INFO: Relationship to Rider: _____

Name: _____ **Phone:** _____

Applicant Signature (or Power of Attorney)

Date

Please make your check payable to **WH Dial-A-Ride** and return completed form with payment to:

West Hartford Dial-A-Ride, 50 South Main Street, Rm. 306, West Hartford, CT 06107.

Please consider helping the Town sustain the Dial-A-Ride program by making a tax-deductible donation.

Thank you for your consideration and generosity!

_____ Membership Fee
_____ Additional Donation (tax deductible)
\$ _____ **Total Amount Enclosed**

Please feel free to contact the office with any questions (860) 561-7561

**Town of West Hartford Dial-A-Ride
ADA QUALIFIED DISABILITY QUESTIONNAIRE**

_____, West Hartford, CT 061 ____
 (Applicant Name) - Please Print (Applicant Address)

Please indicate your Functional Ability by circling an answer for each statement below.

I can cross the street if there are curb cuts.	Always	Sometimes	Never
I can travel up/down a gradual hill.	Always	Sometimes	Never
I can find my way to the public city bus stop with training.	Always	Sometimes	Never
I am able to wait for 10 minutes for a public city bus.	Always	Sometimes	Never
I am able to ask for, understand, and follow directions.	Always	Sometimes	Never
I am able to detect curbs, ramps, and other drop off areas.	Always	Sometimes	Never
I am able to get on and off a public city bus (using stairs ___ or lift ___).	Always	Sometimes	Never

Information About Your Disability:

1. What type of disability prevents you from using the public city bus system? (Check all that apply)

Physical ___ **Visual** ___ **Cognitive** ___ **Mental Health** ___ **Hearing** ___

Please describe your disability: _____

2. Do you require the assistance of a personal care attendant?

Yes _____ **No** _____ **Sometimes** _____

3. Do you use any of the following devices? (Check all that apply):

___ **Wheelchair (Manual or Electric)** ___ **Power Scooter** ___ **Cane** ___ **Walker**
 ___ **Braces** ___ **Oxygen Tank** ___ **Crutches** ___ **Service Animal** (as defined by the ADA)

Other _____

Certification:

I, _____, hereby certify that the above information is true and correct.
 (Applicant Name – Please Print)

 Applicant Signature (or Power of Attorney) Date

*For those under-65 with a qualified disability, a completed **Physician Certification Form** must be returned and processed by West Hartford Social Services to activate membership.

PLEASE COMPLETE AND MAIL OR FAX TO:

Town of West Hartford Dial-A-Ride
50 South Main Street, Rm. 306
West Hartford, CT 06107

(860) 561-7561 Office

(860)561-7577 Fax

PHYSICIAN CERTIFICATION

I, Dr. _____, hereby certify that the Dial-A-Ride
(Physician's Name – Please Print)

applicant _____, has a disability which prevents them
(Applicant's Name – Please Print)

from being able to access traditional public transportation vehicles (city buses) and is in
need of transportation services through the West Hartford Dial-A-Ride Program.

Physician's Signature

Date

Office Address

Office Telephone

West Hartford Dial-A-Ride**860-561-7561**westhartfordct.gov/transportation**Existing Members****Call 860-561-7444 to schedule a pickup**

Dial-A-Ride is a membership-only service for West Hartford residents over the age of 65 and/or who have a disability. Please call or visit our website to receive additional information and an application. Dial-A-Ride does not serve Assisting Living, Rehabilitation or Nursing Home facilities. If you have an ongoing, urgent medical treatment, (chemotherapy, dialysis etc.) please ask us about the MAP Program 860-561-7561

Social Services Community Partnership Volunteer Medical Escort Program**860-561-7567**westhartfordct.gov/volunteerservices

This service is provided by Volunteer Services and is restricted to those who are unable to use the Dial-A-Ride program. Volunteers provide transport to local routine medical appointments and escort clients in and out of the building. Prior to the first ride, a social worker will do an assessment to determine eligibility for the program. Two weeks' notice is required for scheduling and is dependent upon the availability of volunteers.

860-561-7567

The Freedom Ride**Accessible Taxi Program****860-247-5329 x3086**hartfordtransit.org/freedom-ride

The Freedom Ride Accessible Taxi Program is designed to accommodate individuals in the greater Hartford area who need flexibility and accessibility in transportation options. The voucher program extends beyond the ADA paratransit service area and hours by providing a pre-paid taxi voucher card at a 50% reduced price to people defined as having a disability under the ADA regulations. The service is available 24 hours per day, 7 days per week. Information and an application can be obtained by calling 860-247-5329 x3086

Independent Transportation Network**860-521-3600**itncentralct.org

Independent Transportation Network is a private, non-profit membership service for persons age 60+ OR 18+ with a visual impairment. Volunteer drivers take members anywhere they request, at any time of the day, within the geographic area they cover. There is a \$40 membership fee, a \$3.00 pick-up fee and a \$1.50 per-mile charge that is debited from the member's account. To request information, leave a message and your call will be returned.

860-521-3600

Seniors Job Bank**860-521-3210**sjbct.org

The Seniors Job Bank is a non-profit employment registry for people age 50+. They maintain a listing of individuals who will drive others for a fee. The particular arrangements and fees are negotiated directly between the rider and the driver.

860-521-3210

Greater Hartford Transit District ADA Paratransit Service**860-247-5329 Ext. 3011**hartfordtransit.org/adaservice.html

In compliance with the Americans with Disabilities Act (ADA), the Greater Hartford Transit District provides transportation services for individuals who, because of their disability, are unable to travel on the fixed route system operated by *CTtransit*. Eligibility certification will be based on ADA eligibility guidelines, including a face-to-face interview, functional assessment, environmental check and/or a medical verification. You must be registered with the GHTD to use this program. Rides are \$3.50 each way and applications can be obtained online or by calling 860-247-5329 x3011.